



Quarterly Progress Report April 1 - June 30, 2012

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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). We implement technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation. During the quarter, ZPCT II continued providing support to selected districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported 388 health facilities (371 public and 17 private) across 44 districts. Key activities and achievements for this reporting period include the following:

- 151,031 individuals received CT services in 388 supported facilities. A total of 211,733 received CT, including those accessing the service through PMTCT.
- 60,702 women received PMTCT services, out of which 4064 tested HIV positive in 376 supported facilities. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 4,888.
- Provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services, which addressed the needs of 235,287 individuals.
- 133 public and 14 private health facilities provided ART services and all 147 report independently (80 are static and 67 are outreach sites). A total of 7,383 new clients (including 518 children) were initiated on antiretroviral therapy. Cumulatively, 155,397 individuals are currently on antiretroviral therapy and of these 10,755 are children.

- 425 health care workers trained by ZPCT II in the following topics: 55 in CT, 123 in PMTCT, 80 in adult ART/OI management, 51 in paediatric ART/OI management, 50 in male circumcision, 8 in ART commodity management for laboratory (3) and pharmacy (5), and 32 in equipment use and maintenance. In addition 26 HCWs were trained in adherence counseling.
- 177 community volunteers trained by ZPCT II in the following: 78 in basic CT, 99 in PMTCT
- ZPCT II trained 31 HCWs from all five provinces as mentors while 37 HCWs were mentored under the model sites strategy in all five provinces.
- MOUs were signed with four private sector facilities namely Medcross and Tinna Medical Centers in Copperbelt province as well as St John's and Crusaders' hospitals in North-Western Province
- All the 63 renovations planned for year three were completed and certified. 52 new refurbishments targeted for 2012 have been advertised and documents are currently being reviewed and verified before contracts are awarded next quarter
- This quarter, the KCTT subcontract was amended to facilitate completion of CT trainings budgeted under this agreement. FHI 360 will now expend funds on behalf of KCTT until the end of the current amendment (December 2012). In addition, FHI360 will review their performance to determine the next scope of work

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jul. – Sept. 2012)

ZPCT II partners with the MOH at national, provincial, district and facility levels and will also continue to collaborate with other non-GRZ partner organizations at all levels. The following activities are anticipated for next quarter (July – September 2012):

- Complete scale up of sites in CT, PMTCT and MC
- Graduation of more districts (six by the end of December 2012)
- Analysis of the web-to-sms and screening for chronic conditions using chronic HIV Checklist pilots and plan for scale if results are positive
- Accelerated MC mobilization for MC including participation in the national school holiday VMMC campaign scheduled for August 2012
- Procurement and renovations to support SMGL in Mansa: procurement of 12 motor bicycle
- ambulances and 3 motor vehicle ambulances and renovations in 12 health facilities in Mansa worth USD 325,229.79
- Establishing system for routinely estimating costs of unit service delivered
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- Facilitate execution of FOG agreements with six CBOs: NZP+ Kabwe chapter in Central province, Umunwe Umo and Youth Support Initiative on the Copperbelt (Kitwe), Sengenu and Moment of Hope in North Western, and NZP+ Nchelenge chapter in Luapula province.
- ZPCT II is developing four research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS, QA/QI, and training.

TECHNICAL SUPPORT NEXT QUARTER (Jul. – Sept. 2012)

Silvia Gurrola Bonilla, Program Development Specialist/Gender Specialist, Social Impact, to provide technical support in conducting operations research on male involvement in PMTCT

ZPCT II Project Achievements August 1, 2009 to June 30, 2012

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Jun 2012)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	388 (371 Public,17 Private)	370	388(371 Public,17 Private)			388(371 Public,17 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	1,316,198	718,999	288,726	72,722	78,309	151,031
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	1,300,000	1,888,144	936,115	408,665	72,722	139,011	211,733
	Individuals trained in CT according to national or international standards	2,316	1415	491	88	21	34	55
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	376 (362 Public,14 Private)	359	376 (362 Public,14 Private)			376 (362 Public,14 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	571,946	217116	119,939		60,702	60,702
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	63,049	22000	10,546		4,888	4,888
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	3128	1023	235	31	92	123
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	388 (371 Public,17 Private)	370	388 (371 Public,17 Private)			388 (371 Public,17 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	247,410	268,986	236,289	91,849	143,438	235,287
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	19,422	21409	18,640	9,284	9,301	18,585
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1766	763	250	53	78	131
	Service outlets providing ART	130	147(133 Public,14 Private)	132	147(133 Public,14 Private)			147(133 Public,14 Private)
	Individuals newly initiating on ART during the reporting period	115,250	89,343	37,487	15,346	2,995	4,388	7,383
	Pediatrics newly initiating on ART during the reporting period	11,250	6,830	3,267	1,113	260	258	518

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Jun 2012)	Male	Female	Total
	Individuals receiving ART at the end of the period	146,000	155,397	173,958	155,397	61,804	93,593	155,397
	Pediatrics receiving ART at the end of the period	11,700	10,755	12,474	10,755	5,419	5,336	10,755
	Health workers trained to deliver ART services according to national or international standards	3,120	1766	763	250	53	78	131
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	388 (371 Public, 17 Private)	370	388 (371 Public, 17 Private)			388 (371 Public, 17 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	15,915	6,051	2,547	489	392	881
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1766	763	250	53	78	131
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	25,351	4,152	5,430	1,541	1,176	2,717
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	44 (42 Public, 2 Private)	50	44 (42 Public, 2 Private)			44 (42 Public, 2 Private)
	Individuals trained to provide MC services	260	291	68	62	38	12	50
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	17,232	8,000	7,924	4,623		4,623
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	112 (102 Public, 10 Private)	X	112 (102 Public, 10 Private)			112 (102 Public, 10 Private)
	Laboratories with capacity to perform clinical laboratory tests	N/A	139 (124 Public, 15 Private)	138	139 (124 Public, 15 Private)			139 (124 Public, 15 Private)
	Individuals trained in the provision of laboratory-related activities	375	726	87	75	24	11	35
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	3,849,626	1,388,251	800,220			407,647
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	1378	491	94	41	37	78
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1002	350	253	39	60	99
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	609	145	79	0	0	0
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional	47	47	47	47			47

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 12)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 12)	Targets (Jan –Dec 2012)	Achievements (Jan –Jun 2012)	Male	Female	Total
	capacity building							
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	17	24	17			17
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	172,166	N/A	44,197		22,635	22,635
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	430,727	N/A	92,301	19,237	28,172	47,409

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

1.1: Expand counseling and testing (CT) services

This quarter, CT services were provided in 371 public and 17 private facilities. A total of 151,031 clients were counseled, tested and received results. Of these, 17,005 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

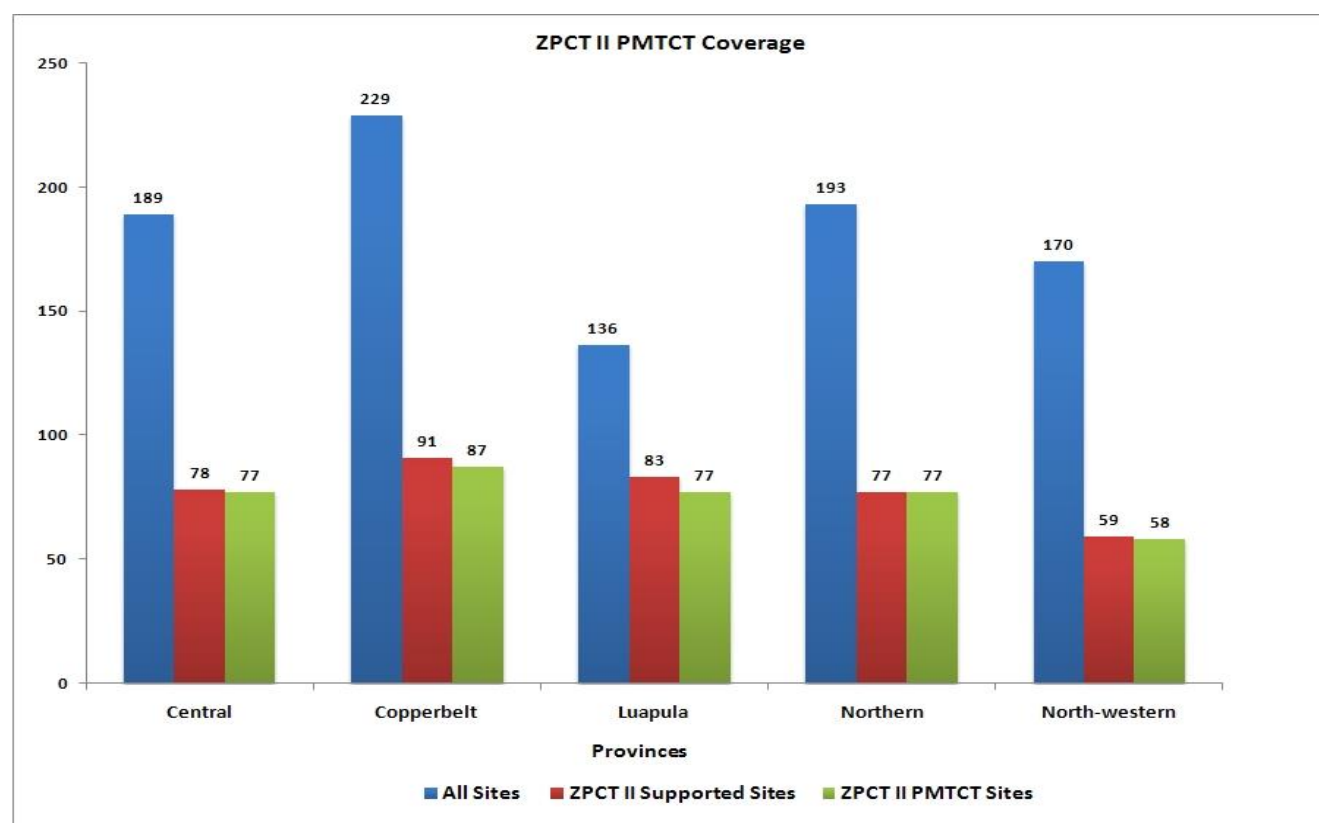
- Strengthening integration of CT into other health services: 8,870 CT clients were referred for FP and 15,829 FP clients were provided with CT services on opt-out approach this quarter. In addition, 1,488 TB clients with unknown HIV status received CT, and 9,376 HIV-negative CT clients were referred for MC services. ZPCT II used mobile MC and community mobilization efforts to help increase the number of men referred for circumcision.

Improving CD4 assessment for clients: This quarter, staff and lay counselors at facilities with laboratories were encouraged to escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services.

- Strengthening of retesting of HIV negative CT clients: Mentorship of HCWs continued to support re-testing of all HIV negative CT clients after the three month window period as well as improve proper documentation through working with data entry clerks based in the facilities. A total of 24,314 negative clients were re-tested this quarter compared to 22,891 during the previous quarter with 11 (%) sero-converting.
- Paediatric CT services: 25,015 children were tested for HIV in under-five clinics and pediatric wards across the six supported provinces this quarter. Of these, 1,222 tested positive, received their test results and were linked to care and treatment services.
- Couple counseling and testing: Couple CT remained a priority this quarter, especially for partners attending clinic alone - Those coming as individuals but have partners were encouraged to bring their partners to be counseled and tested as well. Additionally, training and mentorship of HCWs and community volunteers in the supported facilities was done to support and strengthen couple CT services. As a result, 24,640 general couple CT clients and 22,635 PMTCT partners received CT this quarter. A total of 47,275 individuals received CT as couples.
- Screening for chronic conditions within CT services: ZPCT II continued to strengthen routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings. The checklist was administered to 24,277 CT clients across the six provinces during this quarter.
- Integration of screening for gender based violence (GBV): This quarter, screening for GBV in CT clients remained a priority. Orientation of HCWs on GBV was emphasized in all CT trainings and through on-site mentoring of the counselors (both HCWs and lay counselors) to enable them to screen for GBV as they provide CT services. In addition, ZPCT II reviewed some components on GBV for integration into the CT training manual.
- Prevention with Positives (PwP): Mentorships for HCWs and community volunteers continued on the provision of PwP services to CT clients in both pre- and post-test counseling.
- Administration of QA/QI tools: ZPCT II continued to administer QA/QI tools to ensure provision of quality CT services (See QA/QI section under Strategic Information for more details). Facility based monthly counselor support meetings were also strengthened in order to enhance the effectiveness of counselor supervision. A total of 9 counselor support meeting were held across the six provinces.

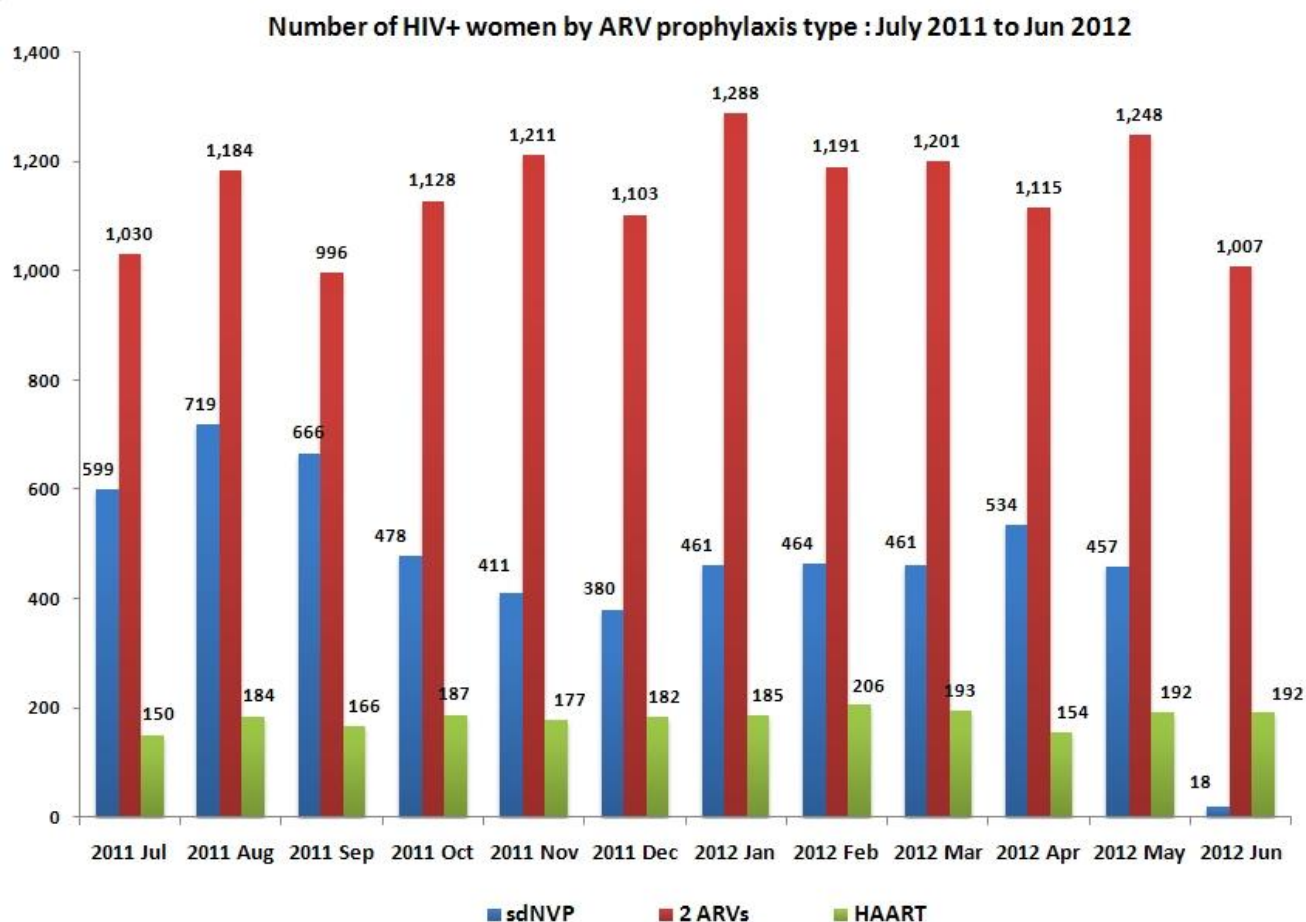
1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

A total of 362 public and 14 private health facilities provided PMTCT services across the six ZPCT II-supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



A total of 60,702 pregnant women received PMTCT services: 4,064 were HIV positive and 4,888 received a complete course of ARVs for PMTCT. In line with renewed global and national efforts towards elimination of MTCT of HIV, ZPCT II worked closely with the HCWs in supported facilities to improve the following:

- Access to more efficacious regimen for HIV positive women: Mentorship visits were conducted to healthcare workers on need for improved access to CD4 count for HIV positive pregnant women to facilitate provision of HAART to those found to be eligible with emphasis on sample collection on booking day. A total of 4,064 out of 60,702 pregnant women who tested HIV positive (64 %) were assessed by CD4, 32 % (814 / 2,581) were eligible for HAART, and 66 % (538 / 814) were commenced on HAART. 3370 (83 %) were initiated on an AZT based regimen in line with the 2010 PMTCT guidelines.
- Re-testing of HIV negative pregnant women: Mentoring of health care workers on HIV retesting for pregnant women who test HIV negative early in their pregnancies and before delivery is ongoing at all the sites providing PMTCT services. During the reporting period, 13,676 pregnant women were re-tested for HIV with 624 sero-converting. All those that sero-converted were provided with ARVs for PMTCT prophylaxis or treatment according to eligibility.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: Efforts to ensure all exposed infants are tested using DBS in the ZPCT II supported facilities continued this quarter. Clients who failed to report were followed up in the community. A total of 309 health facilities were providing EID and 4,843 samples were sent to the PCR laboratory at ADCH, out of which 278 were reactive.



Other TA areas of focus under PMTCT included:

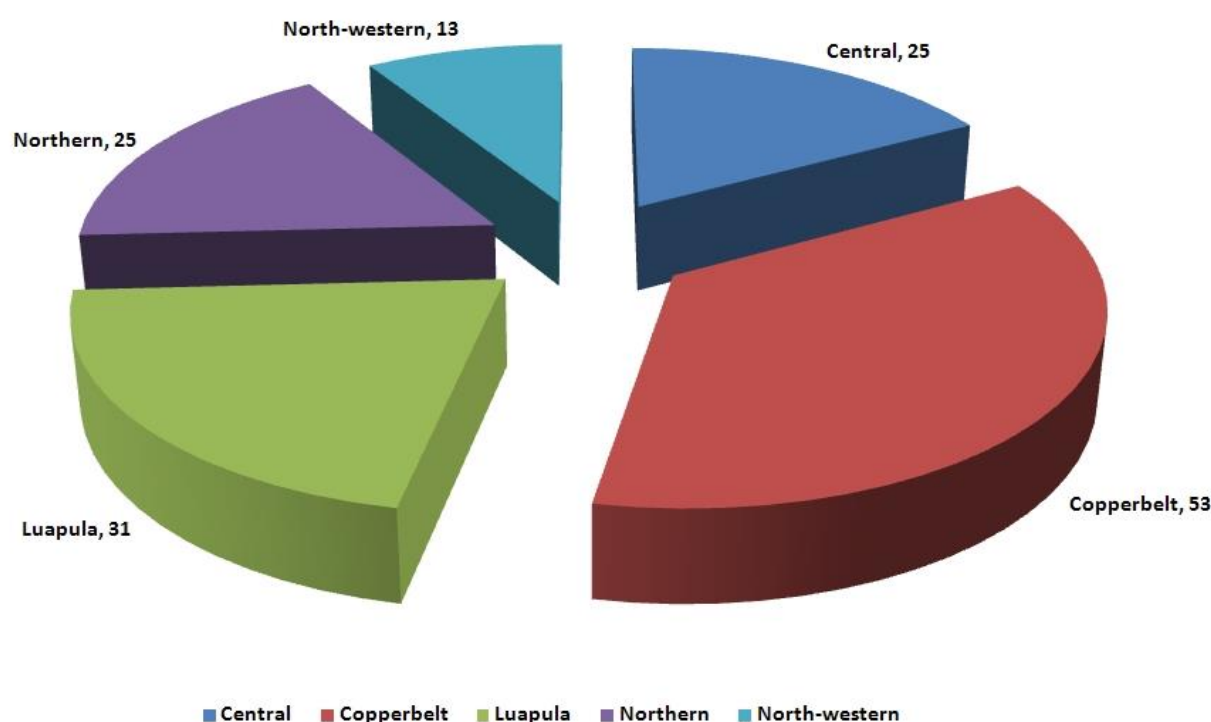
- The web2sms services to reduce turnaround time: Even though the pilot ended last quarter, web2sms services are ongoing in the 22 sites where the pilot had been done while awaiting completion of analysis of the pilot data and decision on whether to scale up to other facilities or not. .
- Integrating family planning within ANC/PMTCT services: Technical assistance continued to be provided to all the supported sites to strengthen linkages between family planning counseling with ANC and postnatal services.
- HIV retesting study: This is ongoing in the ten study sites with continued mentorship to HCWs and lay counselors. Data collection was being collected in this quarter at all the sites and will be analyzed at the end of the study.

1.3: Expand treatment services and basic health care and support

ART services

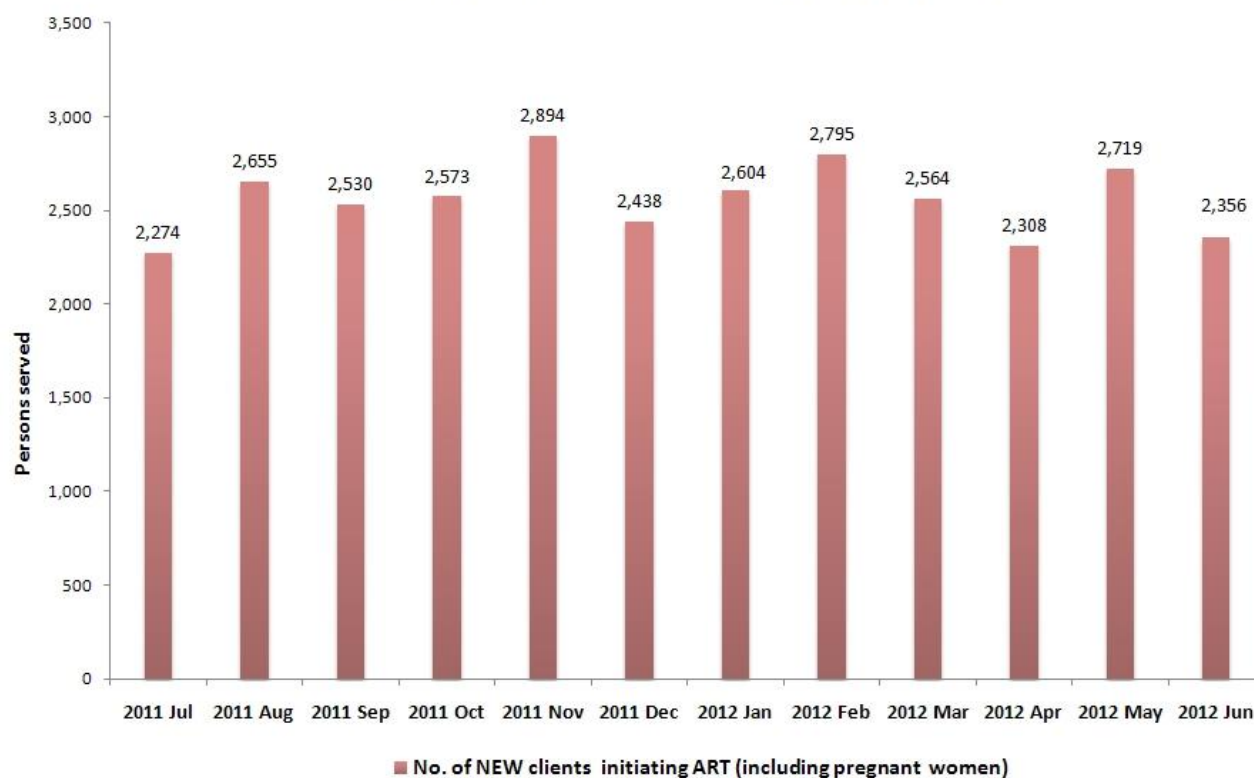
A total of 133 public and 14 private health facilities are providing clinical care and ART services with support from ZPCT II in the six supported provinces. Of these 133 public health facilities, 34 are hospitals while 99 health centers. All the 133 are independent ART facilities (whether health centre or hospital) and report their data independently. Six new private sector site MOUs were signed this quarter while technical support and data collection will start next quarter.

ZPCT II Supported MOH ART Sites



This quarter, 7,383 new clients (including 518 children) were initiated on antiretroviral therapy. This included 538 pregnant women that were identified through the PMTCT program. Cumulatively, there are now 155,397 patients that are receiving treatment through the ZPCT II supported sites, out of which 10,755 are children. ZPCT II staff continued to provide technical assistance to HCWs in the ART clinics to ensure timely initiation of eligible ART clients. This includes HIV positive partners in discordant couples, patients co-infected with HIV and TB, patients co-infected with HIV and active Hepatitis B, as well as those with CD4 count below 350 irrespective of clinical state and WHO baseline clinical stage 3 or 4 irrespective of CD4 count.

ZPCT II Service Statistics, July 2011 to June 2012



ART on-going activities

During this quarter, the following aspects were strengthened:

- Mentorship and supervision of HCWs providing ART services: In addition to the ongoing technical assistance that was provided to the supported health facilities, ZPCT II followed up on the usage of the revised adult and pediatric ART guidelines and job aids earlier distributed. This quarter, orientation of HCWs in the new revised national adult and paediatric ART guidelines continued to support operationalization of these guidelines at facility level. Further, the program is strengthening clinicians' knowledge and utilization of SmartCare clinical reports for better patient management at facility level across the 6 supported provinces.
- Support towards accreditation of ART sites: ZPCT II continued rendering technical assistance to sites awaiting accreditation by Health Professions Council of Zambia (HPCZ) across the six supported provinces. Due to resource challenges, HPCZ are yet to carry out assessments. ZPCT II and PMOs in Northern and North-Western Provinces plan to conduct mock assessments in the next quarter.
- HIV Nurse Practitioner (HNP) program: This quarter, 15 nurses that were being supported by ZPCT II in this program sat for their final exams in May, 2012. In addition, another ten HNP students who were trained last year, graduated in May, 2012. This brings the total number of nurses trained to 34 in ZPCT II supported sites. Ministry of Health (MOH) and General Nursing Council (GNC) are working on modalities to engage several nursing schools to integrate the HNP program as a standard post-graduate course for nurses.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: The pilot data collection was closed in March 2012 but the service has continued in all the sites that were involved in the pilot. A protocol has been drafted by ZPCT II technical team to guide evaluation of this pilot. The process is being conducted in order to facilitate collection of additional data on patient characteristics such as clinical factors among responders and non-responders. Evaluation findings will be communicated to all stake holders and the way forward for this innovation will be advised after analysis has been completed.
- Post exposure prophylaxis (PEP): This quarter, the number of sites with capacity to provide PEP services was at 269 while a total of 120 clients accessed this service. ZPCT II has continued working with MOH to

harmonize the ordering process for PEP drugs in some districts and provinces where the logistical challenges still persist

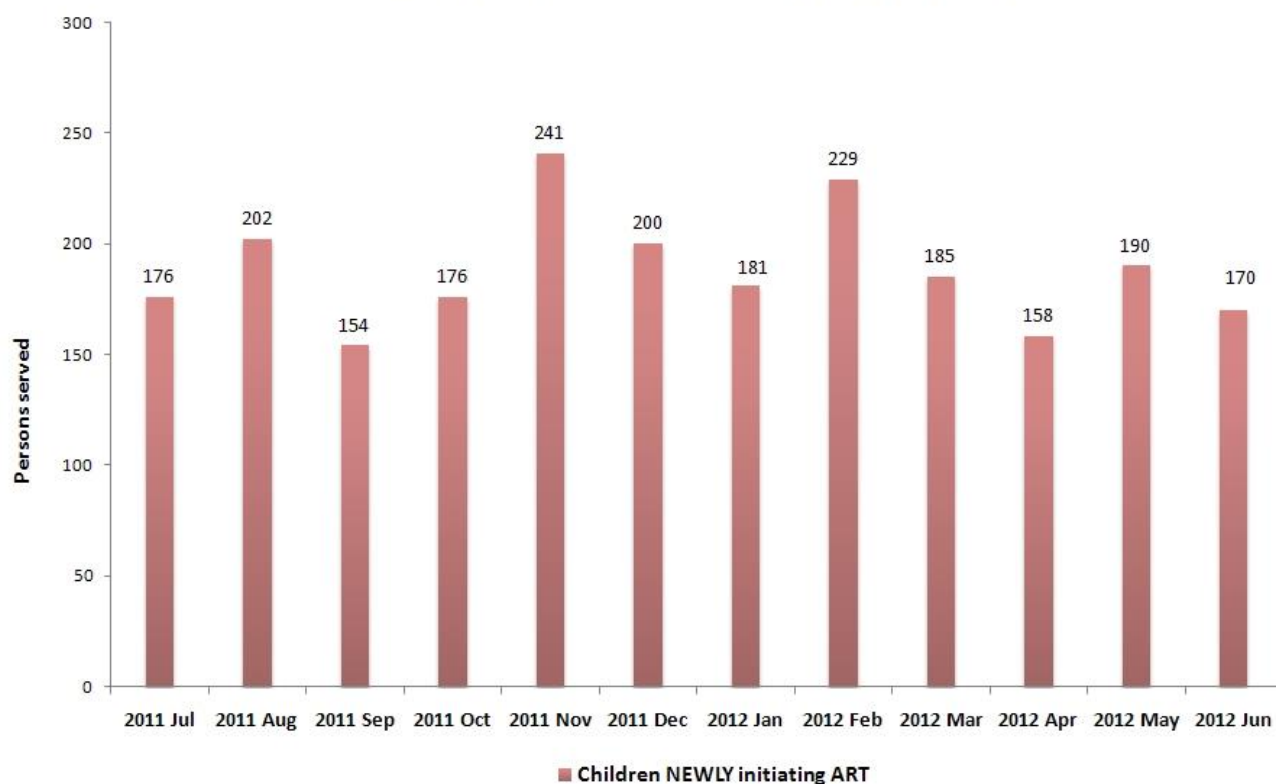
- Model sites: During the last quarter, 31 HCWs from the second pool of five model sites were involved in training in Lusaka to upgrade their knowledge and skills in their respective technical areas. Mentorship activities for these year II model sites are expected to start in support of poorly performing sites in all provinces identified. For the first set of model sites also referred to as Year I sites, all are operational with Resource Centers as well as computers and internet facilities availed to support online Continuous Medical Education (CMEs). Minimal refurbishment and support of furniture where possible have been supported. Additionally, at provincial level, the program conducted one mentorship activity at NNGH which is one of the year I model sites on the Copperbelt Province. A total of 11 health care workers were mentored.
- ART QA/QI tools: The tools were administered across all six supported provinces, including; 9 in Central, 19 in Copperbelt, 11 in Luapula, 10 in Muchinga/Northern, and 3 in North-Western.

Pediatric ART activities

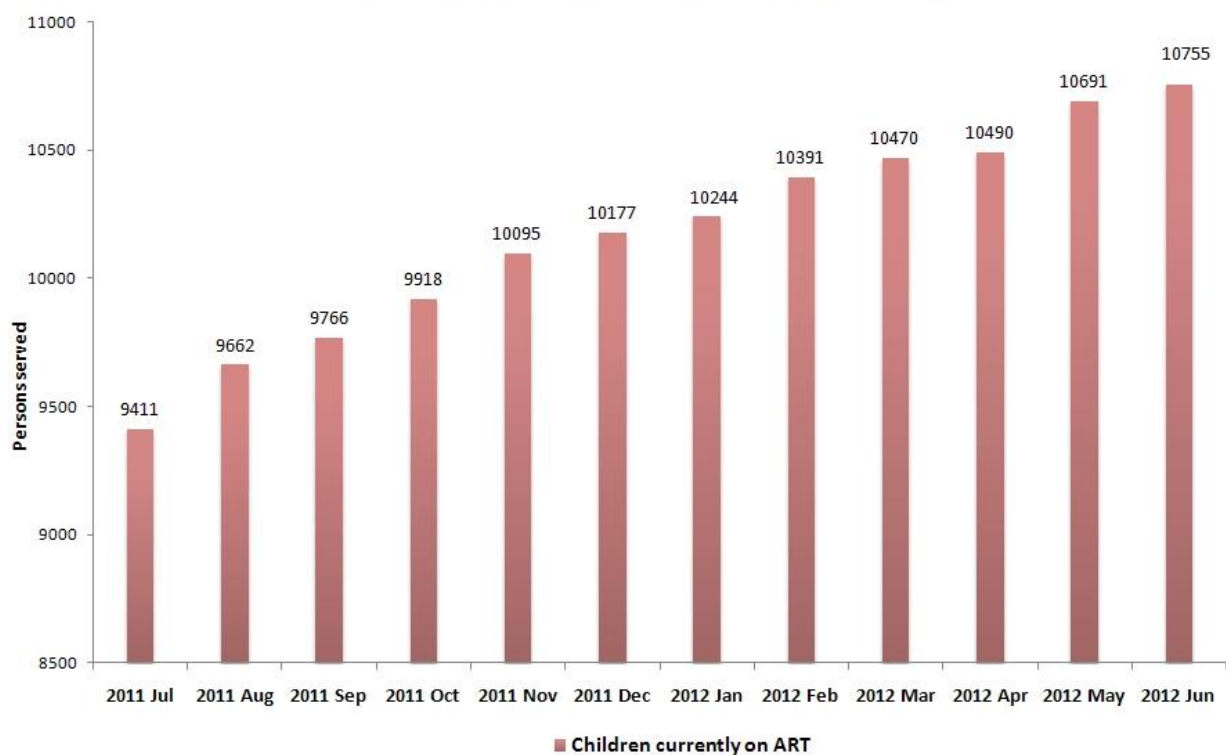
ZPCT II supported the provision of quality paediatric HIV services in 147 ART sites this quarter. From these facilities, 518 children were initiated on antiretroviral therapy, while 10,755 children remain active on treatment. The focus of technical assistance by ZPCT II for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: During the reporting quarter, ZPCT II began fast tracking of HIV positive PCR results from the PCR laboratory to the facilities. This is being done by way of encrypting the results, sending them to Provincial Pediatric Officers for the purposes of expediting initiation of ART among children. These officers are subsequently providing monthly feedback on the number of positive results received and the babies initiated. ZPCT II hopes this will help drastically improve the numbers of children below 18 months that are initiated on HAART. Further, it has been strongly recommended by Lusaka ZPCT II technical team leadership to use the SmartCare patient locator forms at the point of collecting DBS samples so that community follow up is easier when results are available.
- Adolescent HIV clinics: ZPCT II supported a three day attachment to the University Teaching Hospital's Pediatric Center of Excellence (UTH PCOE) for Provincial Pediatric Officers and at least one HCW from a high volume health facility from April 23 – 27, 2012. The aim was for the staff to be acquainted with the best practices as operationalized by UTH in general pediatric and also in the area of supporting adolescents on ART and transitioning them to adult ART. After this visit, action points were developed for all provinces to develop plans to set up adolescent clinics in their high volume sites; set up adolescent support groups and clubs as well as sensitize other HCWs and caregivers. Additionally, a few checklists/tools were identified for operationalizing as they have been adapted from the PEPFAR adolescent transitioning tool-kit. New indicators that capture adolescent age groups have also been adopted and will be in operation next quarter.

ZPCT II Service Statistics, July 2011 to June 2012



ZPCT II Service Statistics, July 2011 to June 2012



Clinical palliative care services

A total of 371 public and 17 private health facilities provided clinical palliative care services for PLHA this quarter. 235,287 (including 18,585 children) clients received care and support at ZPCT II supported sites this quarter. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition

assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: A total of 15,594 patients were screened using the chronic HIV checklist during this quarter. ZPCT II will next quarter develop a protocol to guide evaluation of this pilot activity.
- Nutrition assessment and counseling: ZPCT II has been supporting the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). In the next quarter, a new indicator will be rolled out to capture, on a monthly basis, the number of clients assessed for nutrition status using BMI. This indicator should be operational next quarter.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, a total of 7,297 clients received screening for GBV in ART clinical settings. This was primarily done by the ASWs.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. This quarter, 6,426 clients were put on cotrimoxazole prophylaxis, including 2,991 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up male circumcision (MC) services

MC services were being provided in 42 ZPCT II facilities including two private facilities. Five facilities initiated services this quarter including; Chibombo Health Centre, Masansa RHC, Zambia Flying Doctor Service (ZFDS) Clinic, Kabushi Clinic and Ikelenge RHC. Technical assistance, mentorship and supportive supervision were provided in all the supported sites. This quarter, a total of 4,623 men were circumcised (2,566 in static sites and 2,057 through outreach MC services). Out of these, 3,509 were counseled and tested for HIV before being circumcised (76% testing rate). During this quarter, some further reprogramming was done to strengthen MC services in static sites. This was accomplished through sustained community mobilization activities using neighborhood health committees (NHCs) and expedited transport refunds for MC providers who worked outside their normal working hours. Progress is at varying levels across provinces regarding activism of NHCs in terms of referring clients to static MC sites.

- Mobile MC Activities: To increase the numbers of clients being reached with MC services, ZPCT II continued implementing mobile MC activities. Through the mobile MC services, 2,057 were circumcised in the following provinces; 233 in Central, 853 in Copperbelt, 457 in Luapula, 334 in Northern, and 180 in North-Western. The mobile MC activities conducted usually commence with an intensive one week of mobilization in a specific high volume community, followed by another week of MC procedures at a local health center within the community. General improvement in MC uptake has been noted in the last two quarters. More intensive strategies will be implemented to support MOH in the August school holiday MC campaign.
- Job aids and IEC materials for MC: These materials are now in use. Additional messages and IEC materials are being developed for operationalization since the launch of the MC communication strategy by the Ministry of Health.
- National level MC activities: ZPCT II continued participating in the national MC activities. ZPCT II participated in the finalization and national launch of the National Voluntary Medical Male Circumcision Communication and Advocacy Strategy 2012-2015. Other documents that were launched include the National Operation Plan (N.O.P) and the Monitoring and Evaluation (M&E) tools. ZPCT II participation at national level has continued in MC activities both at the technical working group level and in the relevant subcommittees.

TB-HIV services

ZPCT II supported its health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Strengthening of screening for TB: The CHC check list has remained the main tool at facility level that the program is using to assess the efforts towards screening of clients for TB in HIV settings. The four screening questions as recommended by WHO are earmarked for integration in the revised SmartCare forms. Until this is done, the CHC checklist component on TB will continue to help us in this regard. In addition, some TB training programs are being undertaken through collaboration with TBCARE targeting ASWs. These are intended to sensitize them on early TB case detection and efficient referral mechanisms as they do community follow up for HIV patients. During this quarter a total of 10,421 were screened for TB in the clinical settings.
- TB and ART co-management: In order to strengthen measurement of this collaborative activity, the program has come up with some new TB related indicators which focus on how early a patient with TB and HIV is initiated on treatment as timing in this area has been shown to be critical in terms of morbidity and general clinical outcomes.
- TB infection control: ZPCT II is working in collaboration with TB Care I on the 3 Is initiative. This will see not only TB infection control implementation, but also TB prevention as well as Isoniazid (INH) Preventive Therapy

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory services

ZPCT II supported 124 laboratories in public health facilities this quarter. 102 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 22 provide minimal laboratory support. In addition, ZPCT II is supporting 15 laboratories under the public-private partnership, 10 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: This quarter, a prospective service vendor visited the laboratory to assess equipment for possible servicing and will advise on a service plan once approvals and contracts are signed by ZPCT II. This follows the CDC/MOH assessment report which noted the need for routine service of equipment and certification at the PCR laboratory. The supply situation was stable having received two batches of DNA PCR laboratory kits in May and June of 2012 which are expected to last two months.
- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: ZPCT II monitored the roll out of the SMS initiative for the transmission of encrypted results from the PCR lab and is closely reviewing the processes required to successfully transmit results. The impact that this will have on patient outcomes is also being assessed. Overall this activity is progressing well.
- Specimen referral system: This quarter, the use of bicycles and GRZ vehicles assisted in the transportation of specimens to testing laboratories. This eased the referral challenges and improved turnaround times significantly. A total of 213 sites referred on average 41,000 specimens to 112 laboratories with CD4 capacity. ZPCT II continues to monitor the system and strengthens it where weaknesses are identified.
- Internal quality control (IQC): ZPCT II prioritized technical assistance around use and regular updating of the 14 MoH approved logs. The correct use of these logs is essential to the Strengthening Laboratory Management Toward Accreditation (SLMTA). WHO/AFRO checklist requires that all quality documents and records are updated. Onsite training and mentorship on the correct management continues with emphasis on quality practices and procedures.

- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
 - *CD4 EQA Program:* This quarter, EQA performance for both absolute and percentage assays were reviewed to monitor the quality of testing through an external agency, UKNEQAS. Coupled with this EQA program was the verification of CD4 internal quality control practices. Compliance by health care workers is being closely monitored.
 - *TB EQA:* Provincial staff commenced reviewing TB lab diagnostic activities apart from TB EQA. Sites reviewed so far indicate inconsistent participation in blinded rechecking with TDRC, CDL or provincial hospital laboratories. Discussions with TB Care on the strengthening of quality practices have commenced. ZPCT II laboratory staff are scheduled for TB specific training to strengthen their technical assistance skills to provide more effective technical assistance to facility staff.
 - *HIV EQA Program:* There were no HIV EQA panels sent out this quarter, as such focus was on investigations to verify the causes of the poor performance in selected sites. Preliminary findings indicate that the reconstitution of the dry tubes and subsequent processing instructions including reporting of results were a challenge. Sites visited so far have received orientation on reconstitution, testing procedures and final reporting of results.
 - *10th Sample QC for HIV testing and other EQA Monitoring:* 10th sample EQA was verified by technical staff as part of the investigation for failed HIV EQA. In principle, the 10th sample QC is being done properly. This is evident from the documentation onsite, mainly in the daily activity registers for HIV testing. The challenge with the HIV EQA performance in some sites is with the reconstitution of the dry tubes as noted above. Close monitoring and mentoring of staff will continue.

Commodity management: This quarter, facilities were well stocked with the HIV test. However, Poch pack 65, BD Tritest for FACSCalibur, Reagents for ABX Pentra C200 chemistry analyzers continued to be out of stock and redistribution was difficult as most facilities were stocked out this quarter. A few facilities were able to initiate self-procurements. ZPCT II has put in place a procurement request for stop gap measures for some of these reagents. ZPCT II continues to collaborate with SCMS and medical stores to ensure the larger national procurement is in process. ZPCT II procured 145 dry blood spot collection kits as a stop gap measure at the start of this quarter. Redistribution and monitoring of stock levels for DBS kits, Heamocue Microcuvettes and other lab supplies have continued in the affected supported sites.

- Guidelines and SOPs: Administration of QA/QI tools was ongoing during the quarter and focused technical assistance to address deficiencies.
- Equipment:
ZPCT II continued to support equipment maintenance activities on vital laboratory equipment. In collaboration with facility staff and specific equipment vendors, breakdowns were followed up to reduce equipment down time. However, all BD FACSCalibur equipment throughout the six provinces were not in use due to central level stock out of reagents. Affected facilities used backup CD4 equipment or referred samples to nearby facilities. ZPCT II has continued to follow up with preventive maintenance of this vital equipment until such a time when reagents are available.

Pharmacy services

Technical support to pharmaceutical services was provided in 388 ZPCT II supported health facilities (371 public and 17 private). The major focus of technical assistance (TA) was on strengthening the PEP program, strengthening quality pharmaceutical services in public-private partnership sites, providing support for MC activities, management of information systems and promotion of rational drug use concepts in all the six provinces.

- ARTServ dispensing tool: ZPCT II provided technical support to 86 public and three private facilities with the ARTServ dispensing tool, bringing the total number of facilities using ARTServ dispensing

tool to 89 across the five provinces. Six of these facilities were not able to use the tool due to malfunctioning computers and human resource constraints in some provinces.

- Smartcare: There are 17 facilities running integrated smartcare with a pharmacy module. During the quarter under review, Smartcare version 4.5 was released and 63 health care workers from 29 facilities implementing Saving Mothers Giving Lives program in Mansa district of Luapula province were trained in smartcare. A total of 64 health care workers from 29 facilities, out 30 SMGL facilities were trained in smartcare in collaboration with MOH, Jhepiego and EGPAF. A total of 13 facilities with no electricity supply were provided with solar laptop, solar panels and solar inverters by EGPAF for smartcare use, while 15 facilities were provided with desk top computers to use for smartcare to make the total of 28 facilities with smartcare computers. Two more facilities are yet to be given computers.
- Pharmaceutical Management: This quarter, ZPCT II supported medication therapy management systems within pharmacies and scaled-up provision of drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs. Optimal storage conditions were improved and maintained during this quarter as most of the non-functional air conditioners were repaired. ZPCT II has also set aside funds for the replacement of old irreparable air conditioners that started this quarter.
- Rational Medicine Use: ZPCT II continued to monitor availability and stock levels of paediatric FDC drugs and it was noted that the situation has greatly improved in many of the sites as HCWs have now become more knowledgeable, as well as the supply and demand which has increased. All relevant IEC materials were distributed and displayed on the walls in these facilities. This quarter, it was observed that Atripla was being widely used and availability has greatly improved at facility level. Pharmacovigilance activities including mentorship on ADR reporting and monitoring went on well although there is need to address training inadequacies and improve on feedback as well as harmonize national level activities. Various meetings with the National Pharmacovigilance Unit were held during the quarter to address this issue. A stakeholder's meeting is planned next quarter where the need for harmonization of activities will be focus of discussion.
- Other support
 - *Post Exposure Prophylaxis*: Access to ARV drugs for PEP still remains a big challenge especially for non-ART sites and this has affected the roll out of the PEP program. Further guidance will be provided upon completion of discussions with MOH and other cooperating partners aimed at resolving this challenge.
 - *Public Private Partnership*: Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services for PEP, PMTCT and ART programs. The major challenge which limited access to ARV drugs from the public sector is still being experienced. However, there has been some improvement in some facilities leading to stock availability. This issue is still under discussion with MOH, as we seek further guidance on how best to improve access and the rational use of commodities at these facilities.
- Supply chain and commodity management: Technical assistance visits were conducted during this quarter with a focus on monitoring quality of services and to strengthen commodity management systems in facilities offering ART services and general pharmacy practice. It is worth noting that some CHAZ supported facilities under ZPCT II had fewer stock imbalances this quarter as many of their stocks were replenished following the receipt of supplies at the CHAZ warehouse. This quarter it was noted that most facilities that get supplies from CHAZ had a number of stock imbalances and were still using paediatric liquid preparations as opposed to FDCs. This situation is expected to normalize next quarter when CHAZ receives adequate stocks to re-supply their system.
- *ARV Logistics System Status*: The quarter under review recorded low stocks at facility levels mainly due to late receipt or non-receipt from MSL. The supply chain manager database was used to review stock status at facility level and rectify the identified stock imbalances. ZPCT II facilitated the re-distribution of affected commodities among facilities to alleviate the problem. Transport constraints experienced by satellite sites continued to be noted thereby affecting access to commodities.

During this reporting period, ZPCT II procured MC supplies for the remaining MC trainings and a stop-gap supply of the essential commodity povidone iodine for service delivery. The short-dated lignocaine injection that was noted last quarter has since been used up and consumption was monitored throughout the quarter. ZPCT II distributed MC essential consumable kits and MC reusable instrument kits to MC sites. The mosquito forceps that was omitted from all the instrument sets is still outstanding; other challenges included the presence of short dated Lidocaine and the lack of povidone iodine at MC sites. However this was noted and will be rectified in the coming quarter. Monitoring the use of these commodities is ongoing in the facilities to ensure accountability and appropriate, rational use of the procured commodities. ZPCT II is still in the process of accessing additional MC supplies to avert stock imbalances and avoid any disruption of services.

ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision. In addition, collaborative meetings were held with JSI, CIDRZ and other partners in an effort to improve coordination at all levels.

- Guidelines and SOPs: The draft copy of pharmacy SOPs currently under review was handed over to the Pharmacy unit at MOH for further review and development. The editorial committee comprising MOH staff and stakeholders met once this quarter due to other MOH programs that took precedence. Once the SOPs are approved, ZPCT II will support the MOH with the printing and dissemination of the documents.
- The pharmacy services QA/QI tools both for ART and non-ART facilities were administered at ZPCT II supported sites this quarter.

2.2: Develop the capacity of facility and community-based health workers

Trainings

This quarter, ZPCT II supported HCWs and community cadres from its health facilities who attended capacity building courses in basic CT (40 HCWs and 60 lay counselors), and CT refresher (15 HCWs and 18 lay counselors). In addition, 76 HCWs and 76 lay counselors were trained in PMTCT, and 47 HCWs and 23 lay counselors underwent refresher training in PMTCT respectively.

A total of 80 HCWs trained in ART/OI, and 51 were trained in paediatric ART. Participants were drawn from ZPCT II supported ART sites in Copperbelt, North-Western, and Northern provinces. In addition, 26 HCWs in Copperbelt Province underwent training in adherence counseling, and 50 HCWs were trained in male circumcision from Copperbelt, North-Western, Central, Luapula and Northern provinces.

ZPCT II also trained eight HCWs in ART commodity management, and 32 HCWs in equipment use and maintenance in the supported facilities.

Basic PMTCT, CT and full ART and OI management technical trainings included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

In addition, two provincial mentorship orientations were conducted at model sites for 37 HCWs in Luapula and Copperbelt Provinces. A total of 31 HCWs from the second pool of model sites received their orientation in Lusaka. Furthermore, the second group of ten HIV Nurse Prescribers graduated on May 24, 2012 while the third group of 15 mentees (three per province) sat for their final examination after a the six week didactic and practicum training in Lusaka supported by ZPCT II and coordinated by General Nursing Council (GNC). This will be followed by a ten month practicum at their facilities supported by trained mentors. ZPCT II participated in the planning and developing of evaluation tools for the evaluation of the HNP program which is scheduled to take place before the end of 2012.

2.3: Engage community/faith-based groups

ZPCT II provided support to community-based volunteers who provide counseling and testing, PMTCT and adherence counseling services in the six provinces. These volunteers complement the work of HCWs in health facilities and help increase and meet the demand for services within the supported communities' catchment areas. A total of 1,246 community volunteers are supported by ZPCT II (296 ASWs, 448 Lay counselors, and 502 PMTCT Lay counselors). This quarter, the community volunteers continued sensitizing and referring clients for various services offered at health facilities through outreach activities with the focus on MC, adherence to ARVs, male involvement, and gender issues (GBV).

During this reporting period, community volunteers referred 33,362 clients (14,619 males and 18,743 females) to health facilities for PMTCT, CT, clinical care and MC services. Out of those referred, 14,949 (6,842 males and 8,107 females) were CT clients, and 9,666 accessed CT services. 6,858 pregnant women were also referred for PMTCT services and out of these 5,397 reached the facilities. A further 6,872 (3,094 males and 3,778 females) were referred for clinical care services and 4,929 individuals (2,219 males and 2,710 females) are reported to have accessed these services. In addition, 4,683 clients were referred for MC and 1,252 reached the health facilities. The adherence support workers (ASWs) across the supported provinces also followed up on 4,818 (2,142 males and 2,676 females) individuals in the community. As the data management and reporting systems continue to improve, efforts by community volunteers will be more accurately measured.

This quarter, two consultants were engaged to evaluate the competence levels of 24 lay counselors trained in CT supervision from Central and Luapula Provinces. 20 lay counselors (12 from Central and 8 from Luapula) were assessed from the 24, and have been recommended for certification. The remaining four will be assessed in the next quarter as they were not available during the assessment period.

As part of the strategy to enhance gender activities across the ZPCT II programs, the community team attended a training of HCWs in gender based violence (GBV). The training was held from May 21 – 25, 2012 at Kabwe Lodge in Kabwe District. A total of 23 HCWs from Serenje, Mkushi, Kapiri Mposhi, Kabwe and Chibombo districts attended the training. The training focused on building the capacity of MOH and ZPCT II staff in supported provinces on GBV related issues. We expect the training will enable health care workers and community volunteers that support ART facilities to ensure improved screening for GBV and referral.

Zambulances

A total of 65 pregnant women from Northern, North-Western and Luapula provinces used Zambulances this quarter. Copperbelt and Central Provinces reported five pregnant women each who used the Zambulance. Reasons attributed to low usage include; PMTCT volunteers and HCWs encouraging families to create birth preparedness plans and avoid delivery emergencies at home, and Zambulance usage is more in the rural provinces because transport options are limited. However, it is clear that the benefits to the communities from the Zambulances are not as high as anticipated. As a result, some of the bicycles are being used by volunteers for outreach. Other communities have not used the Zambulances for over three quarters. Further investigation of the actual utility of the Zambulances is warranted and will be done in the coming quarters.

Mobile MC and CT

This quarter, ten mobile MC services were conducted as part of the new strategy for accelerated mobilization around static MC sites. A total of 2,258 males were mobilized for MC, and 2,063 males were circumcised. As a standard practice, all males were tested before their circumcision. In addition, ZPCT II conducted mobile CT during the commemoration of the national VCT Day celebrations through which a total of 1,867 individuals (1230 males and 637 females) received HIV CT and their results.

Referral networks

ZPCT II continued to partner and coordinate with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to strengthen district-wide referral networks. ZPCT II held 28 district referral meetings across the six provinces this quarter.

Thirty-seven of the 44 district referral networks that were considered "functional" in the previous quarter have maintained their status. Six districts are now considered weak (Milenge in Luapula, Lufwanyama in Copperbelt, Chinsali in Muchinga, Chilubi in Northern, and Chavuma and Ikelenge-new district- in North-Western), and one inactive (Mafinga-new district- in Muchinga). The ZPCT II teams in the supported provinces are reviewing the weak networks and devising a program to strengthen their operations.

Fixed obligation grants

During this quarter, five CBOs awarded fixed obligation grants (Mapalo, Trina, TSA, VAREN and YAK) completed their first agreed milestones but only four were reimbursed. Mapalo in Ndola was not reimbursed due to the non-verification of their achievements. This will be done in the next quarter. Also, Ray of Hope in Kabwe did not implement any activities due to coverage challenges. They have since written to ZPCT II for agreement amendment which will be modified in the next quarter.

A second group of potential sub-grantees that underwent further capacity building on various sub-grant eligibility points had their applications approved by USAID. These include; NZP+ Kabwe chapter in Central, Umunwe Umo and Youth Support Initiative in Copperbelt, Sengenu and Moment of Hope in North-Western, and NZP+ Nchelenge chapter in Luapula. Contracts for these CBOs have been drawn for signing and implementation will start in the next quarter.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

ZPCT II provided support in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in providing facility mentorships and technical assistance. This was found to be necessary to help them transfer the learned skills to staff at health facility level. This quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

As a follow up to the GBV screening and referral Training of Trainers meeting which was facilitated by Social Impact (SI) during the first quarter, the ZPCT II provincial offices rolled out the GBV screening and referral training by conducting GBV screening and referral trainings. GBV integrated into other planned trainings such as PMTCT, ART and ASW. During this reporting period, Luapula Province trained a combined team of 15 HCWs from selected health facilities and DMOs; Central province trained 23 participants, while Copper belt trained 25 HCWs. Northern and North-western provinces are planning to conduct GBV trainings next quarter. In addition to equipping HCWs with skills in screening for GBV and referring survivors of GBV to other service providers, the training served the purpose of strengthening collaboration among key players in the management of GBV cases including the Victim Support Unit (VSU) of the Zambian Police Service and GBV One Stop Centers where they exist. Collaboration with Civil Society Organizations (CSO) was highlighted as a challenge by participants due to inadequate information on types of CSOs operating in the provinces and types of services they offer for easy referral of clients. The participants resolved to use district referral network meetings to take stock of organizations providing GBV related services and update the service providers' directories which would be made available to health facilities.

ZPCT II developed guidelines and tools to guide gender integration into service provision. This quarter, ZPCT II with support from SI drafted the module for integrating gender into PMTCT; the participants' manuals for GBV and ASWs, the module on gender for PMTCT as well as the guide for writing success stories. It is anticipated that these drafts will be finalized during the third quarter. The guideline on male involvement in PMTCT and the GBV facilitators' manuals were finalized during the quarter under review.

During this quarter, ZPCT II's collaboration with the Gender and Child Development Division (GCDD) was focused on provision of policy documents which provide policy direction in the management for survivors of GBV. About 50 copies of the national guideline for the multidisciplinary management of survivors of GBV in Zambia were collected from GCDD and used as a training resource during the GBV screening and referral training in the ZPCT II supported provinces.

ZPCT II has continued implementing strategies that increase gender integration in PMTCT, CT, FP and RH services and promote equal participation and access to HIV and AIDS services by both men and women. This quarter, 19,786 males whose pregnant women are receiving PMTCT services received HIV CT and their test results. A total of 47,409 were tested for HIV as couples, and 11,070 couples were counseled for family planning/reproductive health. A total of 7,297 clients were screened for GBV using the CHC checklist, while 66 rape/sexual assault victims were provided with PEP.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

This quarter, the provincial teams started the collection of capacity building management indicators from the ZPCT II graduated districts. The indicators were collected from 12 of the 24 graduated districts across the six provinces. The four capacity building management indicators include; HR retention database, performance management assessments, funds disbursement, and action plan reviews.

- *HR retention database:* The tools indicate whether the graduated districts had an up-to-date personnel retention database or not. In all the 12 districts, it was found that personnel databases were up to date and contained information on health staff in the district including number of staff by type, transfers, attrition, variance in staffing levels, staff training and development plans, and leave plans. However, the database does not capture staff progression in the system.
- *Performance management assessments:* It was observed that all 12 districts worked on recommendations made from previous technical support visits. However, Mporokoso and Luwingu in Northern Province did not reach the 80% benchmark of previous recommendations. The district management was advised that this was an important activity as it would improve productivity and performance of health workers as such in sustaining graduation.
- *Financial management:* This indicator focuses on DMO funds disbursement to facilities. It was found that all the 12 districts sent funds to respective facilities as required. The major challenge was that funds were at times received late at the DMO and consequently disbursed late to respective facilities. Further, DMO does not analyze the imprest retirements from the facilities to determine usage of the advanced funds. The DMO records only captured the amount of money disbursed and whether or not the funds had been retired. Without the analysis of the expenditure from the facilities, it was not possible to determine if the funds provided to the facilities were being spent according to their actions plans or budgets.
- *Planning:* The indicator focuses on the total number of times the action plan is reviewed and revised during each implementation year. The goal is to ensure that district action plans are reviewed and revised quarterly in each implementation year to ensure planned activities are being implemented as planned and priorities are realigned in light of changing district priorities and funding environment. A review of documents at the DMOs indicated that all 12 districts had revised their action plans every quarter. The copies of the revised plans were availed to the data collectors.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, the trained PMO staff conducted mentorships in human resource and financial management in their respective provinces for DMO staff. These hands-on mentorships conducted are aimed at enhancing the DMO accounts and human resource staff in carrying out their responsibilities using approved systems and guidelines. The PMO staff conducted mentorship in Copperbelt, Luapula, Northern, and North-Western provinces. A total of 16 district medical offices were reached. Districts in Central Province and other provinces did not conduct their mentorships due to PMO performance assessment activities. The mentorship plans have since been rescheduled to next quarter as this is an ongoing activity.

Copperbelt and North-Western Provinces hosted governance and finance trainings for DMO staff aimed at strengthening their capacity to evaluate and analyze during performance of tasks. The trainings which were conducted by ISTT were held over a period of five days and drew 32 participants from 17 DMOs. Participants

included district medical officers, planners, human resource officers, clinical and nursing officers and financial officers. Also, NIPA facilitated a planning skills workshop for provincial and district medical officers at Henry Courtyard Lodge in Mansa from April 2 – 6, 2012. A total of 15 staff from the seven district medical offices and provincial medical staff of Luapula were trained. The workshop content was designed to directly address the performance gaps identified in the training needs assessment (TNA) which was conducted last year by ZPCT II. The scores on the post test results (average 58%) showed an improvement in the level of knowledge in planning skills, compared to the pretest (average 34%).

Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) from Cardno EMG headquarters travelled to Lusaka to provide technical assistance (TA) in capacity building through revision of mentoring program guidelines and performance measurement using specific indicators. The TA was provided from April 22- May 5, 2012. During this period, a one day quality assurance workshop was held that included 15 participants from the National Institute of Public Administration (NIPA), In-Service Training Trust (ISTT), ZPCT II, and Cardno/Arlington. MOH participants were not able to attend due to other engagements.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

This quarter, ZPCT II signed four new MOUs with facilities namely Medcross and Tinna Medical Centers in Copperbelt province as well as St John's and Crusader's Hospitals in North-Western Provinces. The 18 old ones were renewed to ensure technical support continued with the private health facilities. Technical support and data collection specifically for the six new sites will start next quarter. ZPCT II trained HCWs from three supported private sector health facilities in various technical areas. Eight HCWs were trained as follows: two in ART/OI; two in pediatric ART; and four in adherence counseling for HCWs. Other technical support and mentorships continued in CT, PMTCT and provision of clinical care/ART and MC services. Data collection tools (MOH registers) have been distributed and are currently being used for data collection.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care programme in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. During this quarter, 95 new clients were initiated on ART and 221 old clients were reviewed.

At the national level, ZPCT II is meeting with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision. Plans are ongoing to formalize collaboration through regular meetings with other partners at the provincial level.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The ZPCT II Strategic Information (SI) unit facilitated the documentation of statistics for the Semi Annual PEPFAR program results and subsequent portfolio review reports. The SI unit also successfully compiled the monthly MC statistical report for submission to USAID (new requirement). The SI unit, in collaboration with other units reviewed all the program indicators updating some and dropping others with a view to streamlining the indicator list. As a result, the unit finalized and deployed new M&E Procedures Manual with the new indicators being added and others being dropped.

During the reporting period, the unit also participated in the installation of Routine Efficiency Measurement System (REMS) in the ZPCT II program. The aim of this activity is to develop an electronic system to routinely document resources used and services provided at the facility level.

The SI unit continued working on the HIV Retesting Study and received eight of the ten databases from the pilot sites. The data was analyzed and gaps were identified and discussed at a meeting held by technical units.

Feedback was sent to the provincial offices for further corrective action. Also, the SI unit conducted a number of HIA2 report testing in Version 4.5 of SmartCare with the SmartCare Development Team. Feedback was provided to the SmartCare developers to improve the accuracy of reports generation.

Following the operational research capacity building workshop, the unit has since been involved in the development of four research protocols in different subject areas including: Male Involvement in PMTCT, Web2SMS, QA/QI, and training studies in collaboration with other technical unit members.

This quarter, a core team of four GIS users was established comprising the QA/QI Advisor, Senior M&E Technical Officer, Data Manager and Senior Data Manager. The Senior Data Manager trained the other three members in the use of the GIS application. The team will further be trained in GIS by an external FHI360 expert in September 2012 in Lusaka.

ZPCT II inter-provincial data audits were conducted in Northern and North-Western Provinces by the Data Manager and Senior M&E Technical Officer respectively. The quality of the data was determined and documented through the two respective trip reports. Based on the two trip reports, the variances were generally small for most of the indicators that were audited. The unit was also audited by the FHI360 team on its M&E systems. The auditors were satisfied with the existing SI systems of ZPCT II at Lusaka office.

Quality assurance and quality improvement (QA/QI)

Provincial ZPCT II technical staff conducted QA/QI assessments in all technical areas: ART/CC, PMTCT, CT, laboratory, pharmacy, and monitoring and evaluation. Administration of tools was also done in all districts targeted for graduation.

During this quarter, ZPCT II participated at the official launch meeting of Healthqual Zambia at the Ministry of Health. The Healthqual program is a public health approach to quality management (beyond HIV care in order to encompass other chronic and infectious diseases). It is sponsored by the New York State Department of Health AIDS Institute and the HIV/AIDS Bureau of the US Health Resources and Services Administration (HRSA). Also, during the reporting period ZPCT II staff attended a Trainers of Trainers program for the Performance Improvement Approach which has adopted as the main quality approach in the Ministry of Health.

Administration of QA/QI tools

This quarter, QA/QI questionnaires were administered in eligible ZPCT II supported sites in all technical areas: ART/Clinical Care, PMTCT, HIV CT, laboratory support, pharmacy support and M&E. The generated reports provided a basis for developing quality improvement plans for identified priority areas.

ART/Clinical care

ART provider and facility checklists were administered in 46 reporting ART sites. The main findings following the ART/Clinical care service quality assessments were noted as follows:

Clinicians are not making use of SmartCare reports in managing their patients in some facilities. Affected districts include; Zambezi, Mungwi, Isoka, Mafinga, Mbala Mwense and Nchelenge. The reasons advanced for this include:

- The DEC's are not generating the Early Warning Indicator SmartCare report to enable the HCWs to use them
- Some HCWs are not aware of the availability of smart care reports
- Electronic SmartCare is not up to date thus invalidating certain reports
- Reports are being used for other routine activities e.g. patient tracing and therefore are not being seen by the ART team

Action Taken:

- Engage facility in-charges and ART in-charges to include discussion of smart care reports into routine meetings
- Liaise with SI unit to ensure completeness of electronic database
- CCU and SI will closely monitor the DEC's to ensure that they are generating and printing the EWI report on weekly basis like they are doing with the rest of the smart care reports
- CCU and SI technical staff to conduct on site orientation of facility staff on the generation and use of smart care reports

There is a lack of QA/QI action plans for use in ART/CC and poor documentation of QA/QI meeting minutes in some facilities. The affected districts include: Kitwe, Chiengi, Mwense, Nchelenge, Chibombo and Kapiri Mposhi. The main reasons advanced for these were as follows:

- Incomplete knowledge on the importance of QA/QI activities in improving the quality of care in ART clinics
- QA/QI meetings being held inconsistently
- Improper documentation of minutes as most QA/QI meetings are incorporated into ART committee meetings.

Action Taken:

- CCU and SI technical staff to ensure proper documentation, correct filing of action plans and minutes with DEC's on site
- QA/QI technical officer to follow up the issue regarding minutes with QA/QI focal point personnel in the facilities
- CCU and QA/QI technical officer provide on-site orientation on QA/QI processes

There are facilities having less than 50% of files with evidence of immunological monitoring for patients every six months. The affected districts include: Kitwe, Chibombo, Kapiri Mposhi, Kasempa and Zambezi. The main reasons advanced for these were as follows:

- CD4 monitoring reports not routinely run by facilities – it is thus difficult to identify patients needing CD4
- Challenges in sample referral system
- Some clinicians are not doing routine follow ups on patients on HAART

Action Taken:

- Engage the DMO's to be fully involved through the Clinical Care Expert's Office and encourage them to conduct supervisory visits
- Clinical care officers to schedule regular clinic visits in ART sites and continue hands on mentorship for clinicians on baselines testing
- Liaise with Lab/Pharm and Programs unit to ensure a strong sample referral system

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 116 CT and 125 PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below:

Some facilities are not conducting external quality control on every 10th HIV sample. Affected districts include: Milenge, Kitwe, Mpongwe, Masaiti, Kapiri Mposhi, Chibombo, Mumbwa, Kasempa and Zambezi. The reasons advanced for this include:

- There is inconsistency in documenting activities in appropriate registers
- New staff are not knowledgeable in conducting tests on every 10th sample
- Sometimes testing is done by lay counselors because HCWs are mostly out of the facility
- Unreliable sample referral systems

Action Taken:

- Provide combined mentorship with Lab unit to ensure that providers internalize QC for HIV testing
- Facilities with labs to send the 10th sample to the lab-Facility in charges
- CT & PMTCT providers to make use of the sample referral system to transport the 10th sample for QC-Facility in charges

Some facilities do not have CT HCW counselor supervisors and CT lay counselor supervisors.

Affected districts include: Milenge, Kapiri Mposhi, Chibombo, Mumbwa, Kitwe, Mpongwe, Masaiti, Kasempa, Zambezi, Mungwi, Mbala, Mafinga, Isoka and Mpulungu. The reasons advanced for these were as follows:

- CT/PMTCT unit has not had any training for CT Lay Counselor supervisors for the past two years
- Some lay counselors supervisors were dropped due to inadequate funds budgeted for transport reimbursements
- Supervisors in ZPCT II supported sites have been moved to other sites

- Others have gone to join other NGOs due to inadequate payments

Action Taken:

- CT/PMTCT unit to lobby for additional training for both CT health care worker counselor supervisors and CT Lay counselor supervisors.

Some facilities are not allocating counsellors specifically for CT on a daily basis. Affected districts include: Kapiri Mposhi, Chibombo, Mumbwa, Mbala and Mungwi. The reasons advanced for these are follows:

- Reduction in the number of community volunteers
- Shortage of lay counselors

Action Taken:

- Engage facility in-charges to encourage health care workers to work in CT corner using the extra shifts allocated to the facility even though the shifts are reduced

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 31 sites. The following issues were documented:

There is a lack of firefighting equipment in laboratory facilities, and irregular servicing of the firefighting equipment where available. Affected districts include Kapiri Mposhi, Mpulungu, Isoka, Kaputa, Mungwi and Mbala. The reasons advanced for these are:

- Facilities have laboratories that did not receive equipment during the commissioning of the hospital
- Facility management/administration has neglected this area
- Some laboratory equipment is still at the DMO offices awaiting distribution to the facilities
- The vendor indicated they were attending to equipment in other provinces

Action Taken:

- ZPCT II laboratory officer to present the issue (delayed equipment transportation from Kapiri DMO to facilities) to programs unit.
- The facility management to ensure that the fire extinguishers are regularly serviced

Some laboratory facilities are lacking emergency and biohazard symbols/signs. Affected districts include; Nchelenge, Zambezi and Kitwe. The reasons advanced for these are follows:

- Emergency signs were previously rolled out but were not hung by staff
- The improvised signs have since come out since the type of paper used is unsuitable for purpose (ordinary A4)

Action Taken:

- Laboratory technical officer to ensure that the facility staffs to utilize the emergency exit signs and other laboratory safety signage
- Laboratory staff encouraged to continue using the stationary allocations in the RAs to print the recommended lab signs and symbols

Some laboratory facilities have inadequate storage space and do not have laboratory organograms. The affected districts include: Zambezi, Isoka and Mungwi. The reasons advanced for these are follows:

- Reluctance by the laboratory in-charge to design the laboratory organogram
- Inadequate space due to non-allocation of the separate rooms as storerooms

Action Taken:

- The facility managements to be engaged in ensuring that separate room are allocated as storerooms
- ZPCT II laboratory officer to mentor the laboratory in-charge in designing the organogram and have it visible in the laboratory

Pharmacy

The pharmacy QA tool was used for quality monitoring in 95 sites.

Some ART facilities do not have updated temperature log sheets in the pharmacy bulk store. Affected districts include; Mwense, Nchelenge, Kapiri Mposhi, Chibombo Isoka, Mungwi, Mafinga, Mpulungu, Mbala and Zambezi. The reasons advanced for this were:

- Non-functional thermometers and non-availability of room and fridge thermometers
- Charts had not been distributed to provincial offices by the Lusaka office
- Pharmacy staff not appreciating the importance of monitoring storage temperature of drugs
- Staff shortages

Action taken:

- Conduct combined TAs with district pharmacists to enforce adherence to good pharmaceutical practices
- Thermometers to be included in the RAs where there is none.
- Health center in-charges will be urged to procure room thermometers for their facilities

There is a lack of functional drug and therapeutic committee's in some facilities as required. Affected districts include; Kasempa, Zambezi, Kitwe and Masaiti. The reasons advanced for this include;

- Lack of basic information regarding guidelines on how to operationalize the drug and therapeutic committees

Action taken:

- Districts were being urged to hold DTC meetings even without ZPCT II financial support as mandated by MOH
- Pharmacy staff encouraged to schedule meetings as soon as possible

Some ART facilities have inadequate pallets and as a result, not all products are off the floor. Affected districts include; Nchelenge, Kapiri Mposhi, Kitwe, Mbala, Isoka, Kaputa, Mafinga and Mpulungu. The reasons advanced for this include;

- The available pallets not enough to store three months' worth of stocks.
- Pallets have not yet been procured.

Action taken:

- Pharmacy officers to engage an expedite procurement of pallets with programs and administration units
- Pharmacy officers to engage district pharmacy officers in finding alternative means of elevating the cartons, whilst pallets are being awaited
- Include pallets in upcoming RA amendments where not provided for

Monitoring and Evaluation (M&E)

The M&E QA tool, a management tool which assesses data management, was administered in 114 non-graduated facilities. Notable among the findings were:

ART facilities having inconsistent supply of stationary: of Smart care clinical forms, bond paper, fasteners for patient file and staples. Affected facilities were; Chiengi, Milenge, Mbala, Mpulungu, Isoka, Mafinga, Kaputa, Kabwe, Kapiri Mposhi, Chibombo and Kitwe. Reasons included:

- Smart Care forms have not yet been procured and delivered by the Lusaka office

Action Taken:

- M&E to liaise with Programs unit on local printing and SI unit Lusaka to supply

ART facilities do not keep most of their patient files in filing cabinets and there is inadequate space for storage in data management offices. This was noted in the following districts; Mwense, Nchelenge, Kabwe, Kapiri Mposhi, Chibombo Isoka, Mbala, Mpulungu and Kitwe. Reasons advanced included:

- The number of clients is on the increase while the supply of filing cabinets has been not been commensurate
- Procured cabinets are yet to be distributed

Action Taken:

- PMTCT/CT unit to order and distribute the registers in the affected facilities
- Mentorship of staff on the correct use of registers in affected facilities

There is a stock out of toners used in printing smart care reports in some facilities. Affected districts include; Chiengwe, Milenge, Kabwe, Kapiri Mposhi, Chibombo, Mkushi, Serenje Mbala, Mpulungu, Isoka, Mafinga and Kaputa. The reasons advanced for this include:

- DEC's were not ordering toner from the provincial office on time
- Toners procured not yet distributed to the facilities

Action Taken:

- M&E unit to distribute toners to all the facilities

District graduation and sustainability plan

The total number of graduated districts still remains at 24 from last quarter. ZPCT II intends to document this effort, analyze existing data for better insights on the factors that contribute to graduation success, and share the experience via a peer reviewed journal.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: This quarter, ZPCT II continued to provide programmatic, financial and technical support to 371 facilities in the 44 districts across the six provinces. Currently, ZPCT II is managing a total of 61 recipient agreements, one with UTH –MC Unit, five PMOs, 44 DMOs and 11 hospitals.

Renovations: All the 63 renovations planned for year three have been successfully completed and certified. A total of 52 new refurbishments targeted for 2012 have been advertised and documents are currently being reviewed and verified before contracts are awarded.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and environmental compliance in all of its supported renovations this quarter. Guidelines were used by provincial offices to implement and monitor medical waste management and disposal. Health facility practices and adherence to the Environmental Protection and Pollution Control Act is being monitored and documented.

Monitoring of proper disposal of sharps in puncture proof boxes is ongoing, with facilitation of the transportation of new or full sharp boxes by ZPCT II where necessary. Refurbishment of 83 existing incinerators is ongoing as well as installation of wire fences around incineration and disposal sites for the prevention of scavenging. In an effort to comply with USAID environmental requirements, ZPCT II has developed a plan detailing a complete list of health facilities (216 in total) requiring incinerators, sewage disposal systems and placenta pits. The plan will be submitted to USAID for approval.

Procurement

ZPCT II procured the following equipment and furniture this quarter, including: 31 air conditioners, 206 various sizes toner cartridges, two motorcycles, two hematology analyzers (Sysmex Pochi), 12 standing shelves, four adjustable theatre stools, 78 digital BP machines, 67 bedside screens with curtains, 17 delivery bed, five delivery kits, 45 examination couch, 23 medicine trolley, ten portable theatre lights, one stretcher with wheels, 120 theatre clogs, five theatre linen sheets, one theatre table, five instrument trolley, three suction machines manual, three suction machines electric, 13 adult scales, eight diagnostic sets, 38 digital thermometer, 21 fetal scopes, 33 infant scale with pan mechanical, 110 staff gowns, 110 patient gowns, five fridge thermometer, 20 room thermometers, 23 salter scale with bags, 110 slippers, nine stop watches, one binocular microscope, 25 computers, 20 printers and 34 UPS. This equipment will be received and delivered to ZPCT II supported facilities in the next quarter.

Human Resources

Recruitment

During this quarter, ZPCT II hired three staff to fill positions that had fallen vacant. In addition, recruitment plans are ongoing to fill 18 vacancies resulting from staff attrition

Training and Development

The ZPCT II staff attended training in the following areas during the reporting period:

- *Basic Automotive Mechanics:* Two Drivers from the ZPCT II Solwezi and Ndola Office were sponsored for this program.
- *Human Rights Access to Medicines:* this was a five day training that was attended by the Senior Provincial Program Officer from Solwezi
- *Customer Care Services Phase II:* Administration Officer from the ZPCT II Ndola Office was sponsored for this program.
- *Purchasing and Stores:* an Office Assistant from the ZPCT II Ndola Office was sponsored for this training.
- *Quantitative and Qualitative Methods to Analyze Research Methods & M&E Data:* 1Program Officer, QA/QI from Lusaka Office was sponsored for this program
- *Transport Management and Logistics:* This was a five day training that was attended by a Driver from the Lusaka office.
- *Financial Management for Non-Finance Managers Phase Two:* 1. Senior Provincial Program Officer from Ndola was sponsored for this program.

- *Project Management:* Administrative Assistant from Ndola was sponsored for this program

Information Technology

This quarter, ZPCT II received and distributed 27 laptop computers and five desktops for its staff. This was to cater for ongoing staff recruitment as well as replacing old computers that have become obsolete. IT also ordered replacement and upgrade IT equipment for the supported health facilities. During the reporting period, ZPCT II worked with CDC and MOH to identify facilities that needed old computer equipment replaced. CDC will provide extra computer equipment in the ZPCT II supported facilities for SmartCare.

FHI 360 introduced a web based Time Resource Management (TRM) system for electronic submission and approval of time sheets during this reporting period. Therefore, all ZPCT II staff ceased using paper based timesheets as the TRM system is operational.

In the previous quarter, ZPCT II upgraded bandwidth for all the six offices. This quarter, ZPCT II continued experiencing slow internet speeds in Lusaka and Solwezi in spite of the upgrade. Next quarter, the bandwidth for Lusaka and Solwezi will be upgraded to ensure that communication is not affected.

Finance

- Pipeline report: The cumulative obligated amount is \$82,818,000, out of which we have spent \$68,801,115.29 as of June 30th 2012. The current obligation for the work-plan year January -December 2012 is \$25,506,000 and our current expenditure is 11,316,466.22. This is 44.37% of the current obligation. The remaining obligation of \$14,189,533.78 is enough to take us up to December 2012. Using our current burn rate of \$1,886,077.70, the remaining obligation is projected to last us for the next six months.
- Reports for April – June 2012
 - SF1034 (Invoice)
 - SF425 (quarterly financial report)
- Financial Reviews: During the quarter, FHI360's Office of Compliance and Internal Audit (OCIA) conducted a review of the ZPCT II Project and a draft report of their findings was submitted to senior management.. The finance team further carried out financial reviews of some of the ZPCT II field offices namely Northern and Luapula Provinces.

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**

Shortage of staff in health facilities has remained an ongoing issue across all six provinces, especially in the rural facilities where staffing levels are much lower than in urban areas. ZPCT II continues to support task shifting in the health facilities. This quarter, 177 community volunteers were trained in counseling and testing, PMTCT, child counseling and adherence counseling to support the HCWs in the health facilities. The 15 HIV nurse prescriber trainees supported by ZPCT II wrote their final exams and successfully graduated this quarter. They will help the clinical and medical officers in the facilities in initiating and managing patients on ARVS.

- **Lack of DBS bundles**

There was a stock out of DBS bundles at national level resulting in shortages at health facility level. ZPCT II in collaboration with the DMOs and laboratory coordinators helped to redistribute DBS kits from low use facilities with excess stocks, to other facilities with stock outs. This contributed to interruption in service provision. In addition, ZPCT II managed to procure 145 DBS kits as a stop-gap measure to alleviate the stock-out in supported sites.

- **Laboratory commodity stock-outs**

Stock-outs of selected commodities were experienced during the quarter under review. These included: Calibrite beads for FACSCalibur CD4 analyzer, HIV test kits, PocH pack 65 for Sysmex PocH haematology analyzer, and reagents including controls for the ABX Pentra 200 chemistry analyzer. ZPCT II successfully procured as a stop-gap and facilitated the redistribution of DBS bundles to alleviate the stock-outs experienced last quarter. Redistribution of hemocue microcuvettes and HIV test kits, but faced challenges in the redistribution of the other items. ZPCT II continues to liaise with MOH, SCMS and MSL on commodity stock out issues.

- **Renovations**

The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations. ZPCT II has identified and will support refurbishments in 52 health facilities and tender documents are currently being developed.

ZPCT II programmatic challenges

- **ZPCT II budget realignment**

We have submitted a request to USAID Zambia to realign the ZPCT II budget, which will allow the continued smooth implementation of all project activities through the end of project period, June 2014. The proposed adjustment merely adjusts existing line items, while remaining under the contracted ZPCT II ceiling.

- **Aging fleet**

ZPCT II has submitted a request to USAID to allow the purchase of 9 new vehicles, which are essential to the continued ability of the program to operate in the ZPCT II supported sites in the 6 provinces. We await USAID approval to move forward with these purchases.

- **Disposal of medical waste**

A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision of MOH approved incinerators and 'placenta pits' in 216 facilities where deliveries are conducted. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth and location of waste disposal pits.

- **Shortages of HIV test kits**

Although stock outs of HIV testing kits had lessened in some provinces, it remained a challenge in other provinces like Central, North-Western and Copperbelt provinces. This was due to poor adherence to the prescribed ordering system and late delivery of the commodity by MSL. ZPCT II staff continued mentoring the facility staffs to timely compilation of consumption reports and provided staff with skills in forecasting and ordering of commodities to avoid stock outs.

- **Administration of CHC checklists**

This remained a challenge due to low staffing levels and the downsizing of community volunteers. In all facilities supported by ZPCT II, most of the CT work was and still is done by the lay counselors but this quarter, gaps were noted especially in facilities with only one lay counselor. North-Western Province was the most affected. ZPCT II technical staff continued to mentor and encourage facility staffs to screen both CT and PMTCT clients for chronic diseases for the benefit of the clients.

- **Re-testing of negative HIV clients**

Even though re-testing remained a challenge in CT due to low turnout of clients, late ANC bookings and inaccurate documentation, ZPCT II has seen an improvement in the number of clients re-testing mostly by encouraging negative clients to re-test by giving appointment slips. Out of 134,026 who tested HIV negative, 24,314 were re-tested leaving a total of 109,712 who did not come for re-tests especially those in the window period. Out of the total of 24,314 who re-tested 2,605 sero-converted. ZPCT II continued to work in collaboration with facility staffs to follow up CT clients using lay counselors.

- **Male involvement in PMTCT services**

This continued to be a challenge in some of the supported provinces. Male involvement in PMTCT services had been low in urban settings especially in North Western and Copperbelt Provinces. However, due to continuous sensitization to the community, Copperbelt improved this quarter on male involvement from 10% in the last quarter of 2011 to 16% during this reporting period. ZPCT II has continued to work with communities to mobilize and sensitize men on the importance of PMTCT.

- **Gender Based Violence**

Inadequate referral points for gender based violence victims. In rural areas there are very few places to refer GBV clients especially raped children who need to be removed from the places of sexual abuse for protection. ZPCT II continued to identify the nearest points of referral. This challenge remained the same with no places identified for referrals. Families were and still are hesitant to report gender based violence in fear that their relatives would be jailed as most of the GBV cases occur within families. The process of reporting these cases at police stations was cumbersome prompting the victims to abandon the process. ZPCT II continued to work in collaboration with DMOs and police to help the victims of GBV.

- **Break down of computer hardware**

The constant breakdown of SmartCare computers in a number of facilities has affected SmartCare database management, and the management of the stand-alone ARV dispensing tool. This has created data backlog at a number of facilities pending the procurement of replacement computers. These operational challenges with SmartCare application use have required constant support from ZPCT II IT Helpdesk Support Officers.

- **Poor filing system**

A number of facilities indicated the need for more filing cabinets as the ones that at the facilities are already full due to huge patient loads. Space in most record rooms is inadequate to accommodate more filing cabinets.

- **Quality Assurance/Quality Improvement**

The quality of services especially in the area of HIV testing was affected due to a limited number of trained supervisors in Luapula Province where some facilities had zero correct results in EQA feedback done by UTH reference laboratory. ZPCT II provincial CT/PMTCT officers will undertake focused TA in the affected facilities, and train more CT supervisors.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (April – June 2012)	Travel plans for Next Quarter (July – September 2012)
<ul style="list-style-type: none"> ▪ Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) will travelled to Lusaka to provide TA, local staff training and assist with key technical assignments from April 22 – May 5, 2012 ▪ Cecilia Kelly, Human Resource Partner, Management Sciences for Health, travelled to Lusaka to provide HR and administrative support for MSH staff in the ZPCT II project. She conducted training for MSH staff and held a series of meetings from April 14 – 21, 2012 ▪ Justin Mandala from FHI360 HQ, travelled to Lusaka to provide technical assistance in the HIV retesting study being conducted in the 10 ZPCT II supported from May 3 – 18, , 2012 ▪ Rose Wilcher travelled to Zambia from April 23 – 27, 2012 to assess family planning integration in the health facilities supported by ZPCT II ▪ Kellock Hazemba is travelled to Zambia to assist the country office prepare for internal audit from May 20 – June 3, 2012 ▪ John Bratt, Rick Homan, and Walarigaton Coulibaly travelled to Zambia from June 3 – 9, 2012 to help implement a system that will leverage existing data from our finance and M&E systems to allow the routine reporting of costs per unit of service delivered via ZPCT II ▪ Lisa Dulli and Rick Homan traveled to Zambia in May 2012 to support an effort to develop scientific protocols and initiate efforts to expand the generation of knowledge via implementation science through ZPCT II. ▪ The Senior Data Manager, Jonathan Mukundu, attended an FHI360 Geographical Information Systems training that was held in Nairobi, Kenya from, May 14 – 18, 2012 aimed at enhancing capacity and lay a strong foundation for the incorporation of GIS in FHI360 projects. 	<ul style="list-style-type: none"> ▪ Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, will travel to Lusaka to provide ZPCT II with technical support in conducting an operational research on gender from August 19 – 25, 2012 ▪ Gail Bryan-Mofya, Senior Advisor Pharmaceutical Management, Management Sciences for Health, will travel to the US from July 17 – 30, 2012 to attend meetings at MSH HQ in Cambridge, MA and Arlington, VA. ▪ Joyce Mwale will travel to South Africa for a USG HIV counseling and testing meeting in September 2012 ▪ Catherine Mwale will travel to Nairobi for the Integration for Impact conference (if abstract accepted) in September 2012 ▪ Ruth Mushota, Lameck Nyirenda and Prisca Kasonde will travel to the FHI 360 PMTCT meeting in Dar-es-Salaam in September 2012 ▪ Anthony Yeta will travel to Rwanda for the CBD field visit (TBA - on CBD funding) ▪ Mangani Zulu will attend the EID and Viral Load assays with the National Institute of Communicable Diseases (NICD) in Johannesburg South Africa in September, 2012 ▪ Gladys Kunka will attend the Drugs and Therapeutics Committee workshop in Uganda in September, 2012 ▪ Sitwala Mungunda, Community Program Manager, and Prisca Kasonde, Director Technical Support, will attend the International AIDS conference, in Washington DC, USA from July 20 – 29, 2012

ANNEX B: Meetings and Workshops this Quarter (Apr. – Jun., 2012)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	April – June, 2012 <i>Saving Mothers Giving Lives (SMGL) monthly meetings:</i> This quarter, regular meetings were conducted to update SMGL progress. Partners involved in this initiative including ZPCT II updated on their progress in the selected sites.
	April 11, 2012 <i>Joint PMTCT/ART Scale-Up Plan meeting:</i> This meeting was held at Mika Hotel to identify costing activities in the impending PMTCT/ART scale-up national plan being formulated by NAC, MOH and partners.
	April 27, 2012 <i>All Technical Staff meeting:</i> This meeting was held at ZPCT II whereby each unit presented their technical updates followed by discussions encompassing cross cutting questions, challenges and action points aimed at strengthening our operations.
	May 17, 2012 <i>Project Mwana (mHealth) TWG meeting:</i> This meeting was hosted by ZPCT II to discuss the scale-up plan and budget for training of HCWs and community cadres in regards to sms technology.
	June 11, 2012 <i>USG/PEPFAR PMTCT Implementing Partners Meeting:</i> This was held at JHPIEGO to discuss the Semi Annual Progress Reporting (SAPR) 2012 results review and identify challenges in the implementation of PMTCT programs and solutions.
MC	May 24, 2012 <i>Meeting Review and Validation of the National MC Communication Strategy at Communication for Health Offices:</i> ZPCT II participated in this meeting which was designed to review and validate the national communication guideline for standard national messaging in mobilization for MC.
	June 12, 2012 <i>National MC Technical Working Group Meeting at MOH:</i> the meeting was designed for partners to provide progress reports on MC activities done in QRT 1 2012 and plans for QRT 2. It was expectation of the MoH to review how partners are aligning their activities based on the National operation plan.
	June 21, 2012 <i>Launch of the National MC Communication strategy:</i> This meeting which took place in Lusaka at the Southern Sun hotel and was chaired by WHO MC national Coordinator. The Minister of Health launched the national document for ensuring mobilization for MC is standardized. A
ART/CC	April 23 – 27, 2012 <i>Mentorship visit to University Teaching Hospital Pediatric Center of Excellence (UTH PCOE):</i> ZPCT II supported a three day on site mentorship visit to UTH PCOE for five project technical staff and five MoH staff. The purpose of the visit was to learn best practices in the area of pediatric HIV care. In addition, further lessons were shared in the area of how to support adolescent as they transition to adult care clinics.
	May 8, 2012 <i>HIV Nurse Practitioner (HNP) Curriculum Development Meeting held at the Department of Nursing School:</i> ZPCT II participated in the launch of a new project; the Zambia Educational Partnership for Advanced Care and Training [ZEPACT] which will target to partner with the five Nursing schools in the country namely Ndola, Katete, Livingstone, Lusaka and Kabwe for purposes of transitioning the HNP program to Nursing Schools.
	June 13, 2012 <i>Pediatric ART Technical Working Group Meeting:</i> ZPCT II attended this meeting whose focus was on discussing strategies for supporting Adolescent HIV Care. In addition MOH/UTH adolescent guidelines were shared as well as endorsing pediatric IEC materials for caregivers. to
	June 27, 2012 <i>ART TWG sub-committee Meeting:</i> ZPCT II hosted this meeting which was looking at the pending issues earlier deliberated on by the ART TWG. The focus was on the finalization of the ART training package and consolidating SmartCare revisions so that both packages are consistent with the revised 2010 ART guidelines.
	June 28, 2012 <i>Stakeholder Meeting on ART/OPD Integration:</i> ZPCT II attended this meeting organized by CIDRZ and MoH where there sharing practical experiences on integrating ART clinics and Out Patient (OPD) clinics. Various models were showcased and the attendant benefits and challenges shared for possible consideration by MoH as a policy issue.

Technical Area	Meeting/Workshop/Trainings Attended
Laboratory	April 23, 2012 <i>Strengthening Laboratory Management Towards Accreditation (SLMTA) Preparatory Meeting:</i> ZPCT II attended SLMTA preparation meeting in readiness for the upcoming training of trainers' workshops. The focus of the discussion was on suitable candidates from ZPCT II supported facilities to be shortlisted for the three training events. It was also agreed that selected ZPCT II laboratory technical staff would be invited to the training to ensure the pool of trainers and staff with the skillset to provide mentoring is increased.
	May , 2012 <i>PIMA data review planning meeting:</i> ZPCT II attended the meeting convened by MOH held at ZPCT II . In attendance at the meeting were MOH lab services, CHAI, CDC SCMS-JSI, CIDRZ, CHAZ and ZPCTII. This meeting was held in preparation for a follow up three day data cleaning and review for the qualitative/quantitative data collected from the PIMA pilot study. .
	May 8 - 12 , 2012 <i>PIMA data review meeting:</i> ZPCT II took part in a three day data cleaning and review meeting hosted by MOH/CHAI. The meeting took time to consolidate and clean data from all the pilot sites with the guidance of ZPCT II Monitoring and Evaluation Unit. The meeting was attended by other partners including CHAI, CDC SCMS-JSI, CIDRZ, CHAZ and ZPCT II.
	June 13 - 16 , 2012 <i>PIMA data review meeting:</i> ZPCT II participated in a follow on workshop for data review and analysis by MOH and CHAI. The meeting focused on preliminary data analysis and review. The meeting was able to set up themes for report writing for the qualitative and qualitative data collected during the Pilot.
Pharmacy	April 3, 2012 <i>NPVU Program Stakeholders Preparatory Meeting:</i> ZPCT II and PRA had a preparatory meeting for the NPVU stakeholders meeting scheduled to take place on 24 th April, 2012. Participants to be invited were discussed as well as the outline of presentation. ZPCT II presented draft program schedule, tentative budget and proposed a venue for the meeting. NPVU gave a brief on the meeting with MoH pharmacy unit and objectives of the meeting were shared.
	April 24, 2012 <i>ARV Quantification Review Meeting:</i> MoH in collaboration with USAID Deliver project hosted this meeting to discuss issues pertaining to the annual quantification and the status quo. Specific drugs were identified that needed to be reviewed such as Atripla, TDF/FTC, ABC tablets and the paediatric FDC drugs.
	May 3, 2012 <i>NPVU Program Stakeholders Preparatory Meeting:</i> ZPCT II and PRA had a preparatory meeting for the NPVU stakeholders meeting postponed to 18 th May, 2012. The revised program schedule, tentative budget and venue for the meeting were discussed.
	May 21, 2012 <i>SOPs Editorial Committee Update Meeting:</i> The team met at CIDRZ offices to review the draft copy page by page and gave an update on the pending assignments.
	June 25, 2012 <i>NPVU Program Stakeholders Preparatory Meeting:</i> ZPCT II, CIDRZ and PRA had a preparatory meeting for the NPVU stakeholders meeting postponed to 13 th July, 2012. The revised program schedule, tentative budget and venue for the meeting were discussed. This meeting has been incorporated in the upcoming capacity building meeting for all provincial pharmacists.
Strategic Information (M&E – QA/QI)	April – June, 2012 <i>Epidemiology for Data Users (EDU) monthly meetings:</i> A number of EDU planning meetings were attended during the quarter. The meetings were hosted by MOH and EDU partners.
	May/June, 2012 <i>PIMA Data Analysis Meetings:</i> The SI unit supported the MOH Laboratory department in the analysis of the PIMA pilot data at the meetings held at Protea and Chaminuka Lodges. The unit assisted in data management and statistical data analysis on the data obtained from the eight pilot sites around Zambia. The aim of the pilot study was to determine whether the CD4 count results from the PIMA Point of Care CD4 count machine were comparable to CD4 count results from the Facs Caliber machines. The laboratory technical team under the leadership of MOH is currently compiling the findings of the study to be disseminated later.
	June, 2012 <i>Presentation at MOH Human Resources Technical Working Group Meeting:</i> A presentation was made at the Human Resources Technical Working Group Meeting at MOH on the need for the DEC cadre in the structure for sustainability of Health Management Information System when ZPCT II project come to an end in 2014. The recommendations were noted and the moderator at the meeting pledged to present the recommendation to a higher level meeting at MOH.

ANNEX C: Activities Planned for the Next Quarter (Jul. – Sept., 2012)

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing services (CT)	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and community volunteers in CT courses	x	x	x
	Strengthen implementation of provider initiated Opt-out testing with same - day results in all supported sites and strengthen the CD4 sample referrals for facilities without labs	x	x	x
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthening the youth friendly activities and creation of more youth friendly corners	x	x	x
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Continue strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	x
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine CT to FP services which is weaker than FP to CT	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Continue strengthening integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MOH and other partners	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Training HCWs and community volunteers in PMTCT to support initiation or strengthening of PMTCT services	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in		x	x

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
prevention of mother-to-child transmission (PMTCT) services	third trimester with immediate provision of ARVs for those that sero convert			
	Continue the implementation of the HIV retesting study in the 10 sites targeted across the five of the six supported provinces	x	x	x
	Continue supporting the implementation of the new 2010 PMTCT guidelines in the old facilities and operationalize them in the new facilities,	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation of new revised provider training packages for facility and community based providers to include gender based activities 2010 PMTCT protocol guidelines and norms for service delivery within PMTCT setting	x	x	x
	Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking registers.	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT and family planning service	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for PMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen PMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand	Scale-up ART to new private health facilities and districts	x	x	x

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
treatment services and basic health care and support	Orient HCWs in new revised 2010 ART guidelines as well print and disseminate the same	x	x	x
	Support ART/CC and MC services in existing PPP sites; initiate new year three PPP sites	x	x	x
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	x	x	x
	Strengthen implementation of new technical activities including Prevention With Positives ,	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Train ASWs in gender training module and initiate screening of ART clients in the ART clinics for gender based violence	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Print and distribute revised ART guidelines and job aids;	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Roll out revised Pharmaco-vigilance registers to all ART sites	x	x	x
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	x	x	x
	Strengthen implementation of activities in Private Sector	x	x	x
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	x	x	x
	Support holding of clinical meetings with HCWs	x	x	x
	Continue working with MOH and other partners in the planning and implementation of national level activities in ART, CC and MC	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients		x	
	Support implementation of model sites through one more mentors training in Lusaka and strengthen mentorship activities in the respective facilities and operationalize resource centers.	x	x	x
	Support training of HCWs in ART/OI for adults and pediatrics			
	Support and strengthen formation of adolescent HIV clinics in high volume sites	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
1.4: Scale up male circumcision (MC) services	TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials and in MCH settings in collaboration with TBCARE	x	x	x
	Technical support visits in male circumcision in relation to implementation of service delivery activities	x	x	x
	Strengthen MC services in existing sites and expand to new sites	x	x	x
	Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MOH sites	x	x	x
	MOH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	x	x	x
	Support the procedural requirements of certification of HCWs trained in MC	x	x	x
	Strengthen mobile MC activities by building on the strengths of the program	x	x	x
	Support preparation and implementation of the MC School Holiday Campaign during the month of August, 2012.	x	x	
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
2.1: Strengthen laboratory and pharmacy support services and networks	SOPs Editorial Committee Update Meetings	x		
	Review draft SOPs at stakeholders consensus meeting	x		
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs		x	x
	Participate in the National Pharmacovigilance stakeholders meeting	x		
	Provide ongoing technical oversight to new provincial pharmacy and lab technical officers	x	x	x
	Conduct unit review meeting for all technical staff			x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs and monitor use of Abacavir based regimen as alternate 1 st line	x	x	x
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities		x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x	x	x
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Initiate and provide technical support to the six new and 18 old private sector facilities	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Review and update ZPCT II client exit interview questionnaires	x	x	x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Conduct SI unit technical updates meeting		x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.			
	National SmartCare training targeting the provincial health staff.		x	
	National SmartCare training scheduled to take place by August 2012		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year four	x	x	
	Prepare for Midterm Evaluation		x	
	Amendment of recipient agreements and subcontracts			x
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide sub grants to selected CBOs/NGOs		x	x
Capacity Building	Conduct one two Governance, one Human Resources and one Financial Management workshops	x	x	x
	Facilitate Human Resources and Finance mentorships in 44 districts	x	x	x
	Implement collection of management Indicators in 44 districts	x	x	x
	Submit report on Indicators to ZPCT II Lusaka office			x
Gender	Provide Northern province with technical support for training in gender integration and GBV screening and referral of GBV survivors		x	
	Finalize the ASW Manual	x	x	
	Produce the definitions for all the revised gender indicators		x	
	Finalize QA/QI checklist to supervise gender integration		x	
	Finalize the module on gender for PMTCT (using as a base the gender generic module)	x	x	x
	Hold meetings with key ZPCT II project staff to determine the object of study	x	x	x
	Visits to selected sites to observe how gender is being integrated into the selected service delivery		x	
	Conduct interviews with Implementing Partners on challenges, progress and success of gender integration		x	
	Conduct interviews with beneficiaries to collect evidence on the benefit obtained as a result of gender integration into service provision		x	
	Work with the ZPCT II Strategic Information team to determine the tools/mechanisms for data collection		x	
Finance	FHI finance team will conduct financial reviews of FHI field offices, and	x	x	x

Objectives	Planned Activities	2012		
		Jul	Aug	Sept
	subcontracted local partners under ZPCT II project			
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruitment of staff to fill vacant positions	x	x	x
IT	Bandwidth Upgrade for Lusaka and Solwezi		x	
	Distribution of computer equipment received from CDC to ZPCT supported health facilities	x	x	
	Delivery and installation of IT equipment upgrade accessories for ZPCT offices and supported health facilities	x	x	x

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆ ³		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
<i>Mkushi</i>	17. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	18. Chibefwe HC	Rural		◆	◆	◆		◆	
	19. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	21. Nshinso HC	Rural		◆	◆	◆		◆	
	22. Chikupili HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	25. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	26. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Chibale RHC	Rural		◆	◆	◆		◆	
	28. Muchinka RHC	Rural		◆	◆	◆		◆	
	29. Kabundi RHC	Rural		◆	◆	◆		◆	
	30. Chalilo RHC	Rural		◆	◆	◆		◆	
	31. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	32. Mulilima RHC	Rural		◆	◆	◆		◆	
	33. Gibson RHC	Rural		◆	◆	◆			
	34. Nchimishi RHC	Rural		◆	◆	◆			
	35. Kabamba RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	36. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	
	40. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Mungule RHC	Rural		◆	◆	◆		◆	
	42. Muswishi RHC	Rural		◆	◆	◆		◆	
	43. Chitanda RHC	Rural		◆	◆	◆	◆ ³		
	44. Malambanyama RHC	Rural		◆	◆	◆		◆	
	45. Chipeso RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	46. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	47. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	48. Malombe RHC	Rural		◆	◆	◆		◆	
	49. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	50. Shimukuni RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	51. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ ³		
	52. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	53. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Chibwe RHC	Rural		◆	◆	◆		◆	
	55. Lusemfw RHC	Rural		◆	◆	◆		◆	
	56. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	57. Mulungushi RHC	Rural		◆	◆	◆		◆	
	58. Chawama UHC	Rural		◆	◆	◆		◆	
	59. Kawama HC	Urban		◆	◆	◆		◆	
	60. Tazara UHC	Rural		◆	◆	◆		◆	
	61. Ndeke UHC	Rural		◆	◆	◆		◆	
	62. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	63. Chankomo RHC	Rural		◆	◆	◆		◆	
	64. Luanshimba RHC	Rural		◆	◆	◆		◆	
	65. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	66. Chipepo RHC	Rural		◆	◆	◆		◆	
	67. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	68. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	69. Mumbwa DH	Urban			◆	◆	◆ ³		⊙ ¹
	70. Mumbwa UHC	Urban		◆	◆	◆			
	71. Myooye RHC	Rural		◆	◆	◆		◆	
	72. Lutale RHC	Rural		◆	◆	◆		◆	
	73. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	74. Nambala RHC	Rural		◆	◆	◆			
Totals			24	73	74	74	26	46	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆		◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	23. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasombe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
	65. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
	70. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
<i>Mpongwe</i>	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jeleman RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			43	79	81	81	42	57	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
<i>Kawambwa</i>	5. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Kawambwa HC	Rural		◆	◆	◆		◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	11. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	12. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆			
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆			
	28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	29. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
<i>Milenge</i>	42. Mulumbi RHC	Rural		◆	◆	◆		◆	
	43. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	44. Kapalala RHC	Rural		◆	◆	◆			
	45. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	47. Chibondo RHC	Rural			◆	◆		◆	
	48. Chipili RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mwense</i>	49. Chisheta RHC	Rural		◆	◆	◆		◆	
	50. Kalundu RHC	Rural			◆	◆			
	51. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	52. Kapamba RHC	Rural		◆	◆	◆		◆	
	53. Kashiba RHC	Rural		◆	◆	◆		◆	
	54. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	55. Kawama RHC	Rural		◆	◆	◆		◆	
	56. Lubunda RHC	Rural		◆	◆	◆		◆	
	57. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	58. Luminu RHC	Rural			◆	◆		◆	
	59. Lupososhi RHC	Rural			◆	◆			
	60. Mubende RHC	Rural		◆	◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mununshi RHC	Rural		◆	◆	◆		◆	
	63. Mupeta RHC	Rural			◆	◆			
	64. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	65. Mutipula RHC	Rural			◆	◆			
	66. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Nchelenge</i>	67. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	69. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙ ¹
	71. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	72. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	76. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	77. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	78. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	79. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	80. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	81. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	82. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			30	76	82	82	20	52	7

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
<i>Isoka</i>	26. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	28. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	29. Kampumbu RHC	Rural		◆	◆	◆			
	30. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	31. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	32. Thendere RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Mbala</i>	14. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
<i>Mpulungu</i>	25. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	28. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	30. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	32. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	33. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	34. Kampinda RHC			◆	◆	◆	◆	◆	
	35. Kalaba RHC			◆	◆	◆	◆	◆	
<i>Mungwi</i>	36. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	37. Malole RHC	Rural		◆	◆	◆		◆	
	38. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	39. Chimba RHC	Rural		◆	◆	◆		◆	
	40. Kapolyo RHC	Rural		◆	◆	◆		◆	
	41. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		
	42. Makasa RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	43. Chaba RHC	Rural		◆	◆	◆		◆	
	44. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	45. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			17	45	45	45	17	27	5

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC			◆	◆	◆			
	13. Lumwana East RHC			◆	◆	◆			
	14. Maheba A RHC			◆	◆	◆			
<i>Kabompo</i>	15. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	16. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	22. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	31. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	32. Kanyihampa HC	Rural		◆	◆	◆		◆	
	33. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	34. Lwawu RHC	Rural		◆	◆	◆			
	35. Nyangombe RHC	Rural		◆	◆	◆			
	36. Sailunga RHC	Rural		◆	◆	◆			
	37. Katyola RHC	Rural		◆	◆	◆			
	38. Chiwoma RHC	Rural		◆	◆	◆			
	39. Lumwana West RHC	Rural		◆	◆	◆			
	40. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	41. Ikelenge RHC	Rural		◆	◆	◆		◆	
	42. Kafweku RHC			◆	◆	◆			
<i>Mufumbwe</i>	43. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
Chavuma	47. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
Kasempa	52. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			12	56	57	57	14	20	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban			◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban		◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆		◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban							
Kitwe	11. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	12. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	13. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	14. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
Luapula Province									
Mwense	16. ZESCO Musonda Falls	Urban	◆		◆	◆			
North-Western Province									
Solwezi	17. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		◆
	18. Solwezi Medical Centre	Urban	◆		◆	◆	◆		◆

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded is a new ZPCT II site